hygeia

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The Health Magazine of the American Medical Association

ECEMBER

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ECTING TOYS FOR CHILDREN

y Lois K. Ide, R.N.

IRRITABLE HUSBAND

omas H. McGavack, M.D.

E OF THE MOUTH

on R. Kramer, D.D.S.

COST OF VITAMINS

By Robert Maris

USICAL THERAPY

y Esther Gilliland

S ARE DYNAMITE!

ustin E. Smith, M.D.

On the SCHOOL

Cleveland Board of Education

Home and school gardens provide income with which 15,000 Cleveland youngsters buy War Bonds and Stamps

OWI: Palmer

Girl inspectors at the plant of Douglas Aircraft Company make a careful check of center wings for C-47 transport planes

Richard Merrill

Boys' clubs of Boston built and manned three Victory Wagons from which they sold Bonds and Stamps

Students! Teachers!

ENTER THE NEW

MEAD JOHNSON PRIZE CONTEST

Each month a $25 War Bond will be awarded by Mead Johnson & Company to boys and girls under 18 for each patriotic news item accepted for publication here. The items should be similar to the examples on these two pages and each should be accompanied by at least one snapshot whenever possible.

Pupils learn how to remodel old clothing. Money thus saved can be used to purchase War Bonds and Stamps

War Finance Division

THE HEALTH OF AMERICAN YOUTH

—An Editorial by MORRIS FISHBEIN

THE publication of the statistics relative to rejections under the Selective Service System has brought about a number of criticisms, often unjustified, of some of the agencies concerned with the nation's health and fitness. Hearings before Senator Pepper's Committee gave opportunity for public presentation of these figures, which were used by some of those who testified as an attack on the medical and dental professions. The claim was made that medicine and dentistry have failed because a considerable number of boys failed to meet Selective Service standards. The significance of these failures was not clearly explained.

Many a young man who failed to meet Selective Service standards for the armed forces is still at work doing a big job in American industry, perhaps playing on professional baseball or football teams, occasionally seated at a desk in an executive position of great productive value for the community. The existence of uncorrected hernias, flat feet, perforated eardrums, asthma and hay fever, which disqualify a man for military service, may be of little significance in a civilian capacity.

As is pointed out by Dr. R. L. Sensenich in this issue of HYGEIA, many of the rejections were in the field of illiteracy or for mental defects in which the services of medicine were not primarily related. Approximately one out of six men was rejected because of remediable defects. Often failure to secure remedy was due to lack of interest or willingness to accept treatment to correct conditions rather than inability to obtain needed medical services.

At a meeting of the Governing Council of the American School Health Association, recently held in New York City, a statement was adopted disclaiming the responsibility of the school in relationship to rejections for lack of physical fitness. In its statement the American School Health Association says:

> The American School Health Association feels that the marked tendency to blame the lack of adequate physical fitness upon the schools is most unfortunate and not a fair appraisal of the causes.
>
> True physical fitness can be acquired only through a combination of heredity, the diagnosis and correction of deficiencies in early youth, intensive instruction and habituation in a multitude of knowledges and practices in health matters, and a building of muscular power and stamina through physical activities and recreation preferably out of doors. Such a program will create not only physical fitness, but a stability of mental attitudes and practices so notably lacking in our youth that it has been necessary to reject thousands of them from the armed forces.
>
> Moreover, the figures on rejections indicate clearly that it is the defects in older age groups that make the rates of rejections so high. Among those recently from our schools the rejection rate is low. Among those over the age of 30 it is enormous. In other words, it seems clear that the attitudes and habits of the individual after leaving school are the most potent factors in his physical deterioration.

Furthermore, the *Journal of School Health* comments editorially in its issue for October 1944, pointing out that the schools are certainly not to blame for the feebleminded, for the psychoneurotic and the psychotic. Can the schools be blamed for those rendered unfit for military service because of the effects of infantile paralysis, rheumatic fever, diabetes, accidents, hernia, faulty vision or tuberculosis? To what extent are the schools responsible for defective teeth, overweight and underweight or deviations in skeletal and muscular development? An analysis of the rejections by ages shows strongly that the longer a man has been away from school, the higher the rejection rate in practically all categories. Of all causes for rejection the skeletal and muscular cases seem to be the group that might be benefited by a greater physical activities program in the schools. True, the total among the whole number of rejections is small. Dr. Charles H. Keene, editor of the *Journal of School Health*, feels that intensive instruction and habituation in the field of healthy living, in safety measures and in the control of infection would be of far greater value to students generally than any other type of education in the field of health and physical fitness.

An analysis of the situation as it relates to the physical fitness of American youth indicates that the problem demands a multiple approach. Improvement of physical fitness must begin even before birth with proper prenatal care, extend through infancy with an immunization program that might prevent infectious diseases of childhood and their crippling complications, and go on through the nursery and kindergarten, where sound habits of nutrition begin to be established, carry through grade school, high school and college, in which sound instruction in health habits and physical activities, including competitive sports, should be integrated in the curriculum. Finally, when the boy or girl has left school there must be continuing participation in healthful living, sports and recreational pastimes to maintain the physical fitness that the schools have established. The development of such a program demands a nationwide participation and depends for its success on the cooperative efforts of physicians and all the accessory medical professions, physical educators, health educators, industries and the general public.

By ESTHER GOETZ GILLILAND

THE use of music in healing is older than civilization itself. Lately, modern scientists have made scientific evaluations of old healing rituals, heretofore grouped as primitive superstition. Increasing attention is now being given to the use of music in the treatment of disease, especially of the mind.

In many instances, for example, music has apparently been efficient in breaking down mental barriers so that psychoanalysis can be accomplished more quickly. Psychiatrists have been able to gain entrance into the patient's conscious and subconscious mind through music. Interesting reactions are reported when patients were subjected to the influence of music while in a hypnotic state.

Music has also been used as an aid or substitute in hydrotherapy to calm excited patients. Specially selected music was found to be 35 per cent more effective than the wet sheet pack, according to the reports of psychiatrists who treated four chronically disturbed schizophrenics over a six week period. In the relief of amnesia, aphasia (loss of speech), melancholia and many other types of psychosis, the performance of a familiar tune has been able to open the floodgates of memory or rationalism or speech. Music has given to the institutionalized sick new mental interests as well as emotional outlets.

An unusual recommendation in recent years has been the application of music in helping to restore withered muscles after they have been confined in a cast or paralyzed. Exercise often becomes tiresome unless accompanied by music. Explaining how music overcomes this hazard, one authority says: "The aim of all exercise in rhythm is to strengthen the power of concentration and to control the body through the brain. The locomotor muscles are conscious, voluntary and subject to control by the will, and can be used in response to rhythm. In order to balance exercise and

rest, and where movements are painful, the melody should be soothing to bring relaxation."

In military hospitals during the first world war music was prescribed for war neurosis, aphasia, paralyzed muscles and insomnia and as an aid to hydrotherapy. Since that time, psychiatrists and musicians have been experimenting together and endeavoring to evaluate their findings scientifically.

Whereas primitive man believed that music gave him power over the gods and spirits that cause disease, modern science explains that music has a physiologic as well as psychologic effect on man. The fact that many of these tests have been made on animals proves that mental discrimination or reasoning power does not always enter into these physical reactions.

Dr. Tarchanoff claims that music increases body metabolism. That music increases or decreases muscular energy has been shown by Drs. Féré, Tarchanoff and Scripture. By actual measurement, the Giants Motive from Wagner's "Rheingold," increased the grip from 4 to 4.5 kilos, while the Slumber Motive from "Die Walküre" decreased it to 3.25 kilos.

Martial music has long been recognized as an important aid in battle; in fact, the ancient Assyrians deemed it so important that they spared the lives of musicians, although all other prisoners of war were put to death. The acceleration of respiration and decrease of its regularity under musical stimulation are reported by Drs. Binet, Courtier and Weld, who registered these reactions on the pneumograph. The marked but variable effect of music on blood pressure was discovered by Drs. Dogiel and Dixon. Music's effect on the emotions has a great deal to do with the heart and circulation. Every one has experienced the manner in which sudden emotion causes rapid heart action, rising blood pressure and rapid respiration.

Sensations of taste, sight, smell and touch are also affected by sound. Music lowers the threshold for various kinds of sensory stimuli. Tones of such rapid vibration as to be inaudible attract attention under the presence of a delightful odor or under the influence of color. Similarly, delightful music makes the optic as

well as the olfactory nerve more keen. Pain is actually increased by jarring noise and decreased by pleasing sounds.

Music affords the physiologic bases for the genesis of emotions, according to one theory, and consequently influences the internal secretions, according to research. Music has a direct appeal on the sympathetic nervous system, which regulates the functioning of the internal organs, heart and glands—all influenced by the emotions. The subconscious mind is in closer relation with the sympathetic than with the central nervous system. The brain controls the voluntary, but not the involuntary muscles, which are profoundly affected by emotion. Fear or anger affects the adrenal gland. The benefits of dinner music on the digestive organs are well known; in fact, all organs function better in a peaceful, pleasant evironment.

Sweet sounds and rhythms tend to give a feeling of well being and intensify the sense of living. Such auditory pleasures call forth feelings of expectation and satisfaction and bring sensations of relaxation or stimulation, thus filling vital psychologic and social needs. We have all experienced fear, envy, anger and worry, which cause constriction of blood vessels, skin and muscles, hurried breathing, choking and other sensations, all having a deleterious result on our internal organs, suspending their functions and leading to nervous exhaustion. The expansive emotions such as courage, joy, love and noble aspirations are accompanied by relaxation *(Continued on page 958)*

Music IN THE TREATMENT OF THE SICK

Art IN Treatment OF MENTAL ILLNESS

By
ERNEST BRUCE HASWELL

PEOPLE talk about psychotherapy as though it were a brand new thing. Yet in 2,000 B. C. there was at least one temple in Egypt where those with melancholia "resorted for recreation, there to engage in some pleasurable occupation." Even since that time, there have been a few who recognized the importance of the use of the hands for any kind of mental agitation.

Nearly three years ago, I became convinced that as a sculptor, I could encourage the patients of a mental hospital to use their hands creatively so that the days of their confinement would pass more quickly and happily, and I hoped that at least in some cases, their interest in modeling and carving would hasten their return to a more normal life.

Therapy is needed for many war veterans, and there is a need for more such treatment in every civilian mental institution in the country. I decided that I would do some research in a civilian hospital and, if possible, develop a workable technic of my own.

For some years, I had been on the jury of the National Soap Sculpture Committee whose soap sculpture competitions are sponsored by Procter & Gamble. In this endeavor I found not only a sponsor for my project, but suitable material with which to work. Certainly soap was about as clean a thing as one could take into a hospital. There would be no trouble with the nurses on that score. Also, it was easily obtained and inexpensive. From a technical point of view, the material was easy to handle and the finished product had a natural beauty and texture which made it unnecessary to think about casting the finished piece in any other material.

In soap carving there had been developed a technic that is used in hundreds of classrooms throughout the country—but I planned to try modeling in soap as well. My first experiments made use of an ordinary kitchen grinder through which I put the soap to make it more plastic—but I soon found that the grinding was unnecessary; all I had to do was to gather the bits of soap off the tables when the carving was finished, put them in a stone jar, and cover with a damp cloth.

I was anxious to get at the work as quickly as possible, since I was sure that soap sculpture as a therapeutic technic could be developed. Arrangements were soon completed with a large state mental hospital, and it was agreed that I would meet with a group of men and women three afternoons a week for a period of nine months. A doctor was assigned to my group, and I received enthusiastic support from him. The head of the institution was a man with an exceptional understanding of the arts. This made my task much easier, for he was convinced that the thing I was trying to do was important.

This lamb was modeled in soap by a student unable to carve

I am not a psychiatrist and even if I were, more time and more cases would be required

Monkey modeled in soap sculpture class by student "Donald"

to draw any scientific conclusions from my work. I feel sure, however, that my experiences were most interesting and unusual from an artistic angle and indicate great promise in soap sculpture as a therapeutic activity.

Our workshop—or "studio" as they called it—was a large, airy room. The walls were gray, but warm sunlight flooded in the many windows and the view of the well planted shrubbery and trees seen through our windows was an inspiration. My method of teaching was the same one I had used in classes of architecture and applied arts. There were suggestions as to the use of tools and material, discussion of basic technic and criticism of proportion. But above all, I encouraged the student to "say" something in his own way. I eliminated the word "terrible" from my vocabulary. If a thing was bad, I avoided being blunt about saying so. In the beginning, I was more encouraging than I would be with a normal group, for some entered the class in a mood of complete frustration. It is always possible to find something good in even the worst work, and there were times when I saw only the good.

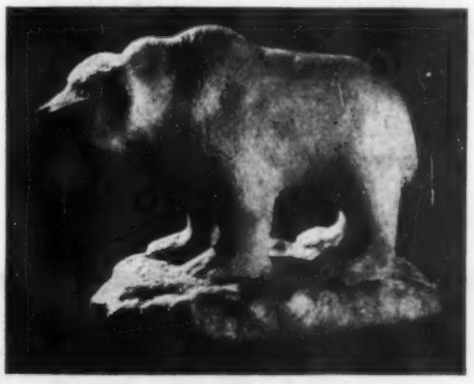
Before the classes started, I was given the usual list of friendly warnings. Things to do and things not to do. I accepted them all, but reserved my right to bolt from convention if I thought it would work. I was told that an hour was about as long as their attention could be held. Eventually we worked from two to three hours. I was told that separate classes for men and women should be held. Soon we were having men and women at the same time, and I think their work was better than when they were separated.

Some objected to giving the patients knives for carving, but I did it anyway—with no ill effects. There were also pencils and paper for making sketches and orangewood sticks for finishing and detail work on the sculptured piece. The knives did not disappear and no one used them for any purpose except carving soap. But the orangewood sticks did disappear. They served their original purpose—manicuring. Paper also disappeared, but in each case I closed my eyes, for these things were helping my students toward a more normal outlook. No doors in the studio were ever locked, and when the weather permitted the doors were left open. This was a departure, but it gave the students a sense of freedom needed in their work. Only one ever walked out, and he had apparently entered the class for that purpose.

No student was ever forced to come to the class. He must want to come. Before many weeks they were all looking forward to these afternoons. New students came because of the enthusiasm of others who happened to be in their wards. I often encouraged students to take their work to the ward to show patients and doctors. When they went home for a visit, as some did, they always took work to show their family and friends.

A few students were anti-social at the beginning, but eventually they began to feel and act as though they were part of the group. Often the most disturbed would be capable of the greatest concentration, and sometimes they did the best work. All had good days and bad, but most artists and craftsmen are subject to such variation. Mutual aid was the rule. Occasionally one became discouraged and the others would offer praise of something he had done. This praise was at times inordinate, but psychologically it worked.

I did not require or even suggest realism, but in most cases I got it. If they had been asked to define art they would have said it was reproducing as accurately as possible a natural



Yellowstone bear was modeled by woman student "Elizabeth"

Student's head modeled by the French patient, "Antoinette"

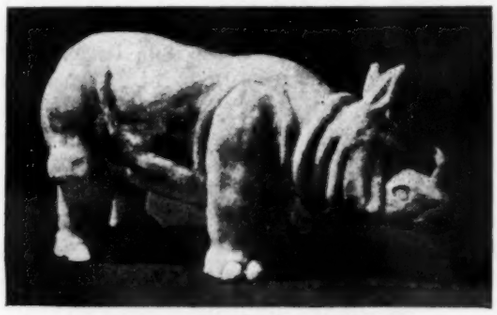
object. It seems to me that the greatest therapeutic value of art lies in realism. In the world of confusion of the mentally ill, the creation of something tangible, something real, was of value. Many of these people no longer had much reality left in their lives. They strove toward the representational because there was tangible reality in their own creation, and they found joy in it. Through this creation some of them experienced periods of greater balance than they had since their admission to the institution.

They chose their own subjects. Generally their choice was birds, animals, flowers or people, but no two students ever worked on the same theme. Some who seemed incapable of carving did remarkably well with modeling. I discovered that these students were full of fears, and the feeling that they might cut away too much soap when carving was an added mental strain. In a plastic material, however, mistakes could be easily corrected. After modeling for a time those whose fear of cutting too much made it impossible to carve were able to return to carving unafraid. One fear, at least, had been conquered.

My first impression by-and-large was of a group of moderately intelligent, friendly men and women. Certainly they did not give me the feeling that I was dealing with abnormal minds. As I got to know them better I began to catch glimpses of their abnormalities, and after a while the pattern of their mental disturbances became apparent. Some were always at work when I reached the classroom. Others were usually a little late. Some talked too much, while others worked silently. All these are habits familiar to every teacher in every school. Most of them were as self-sufficient as any group I ever taught—and I must say they were much more careful about putting their work away, cleaning up the work tables and washing their tools. None of this was done as though it were drudgery. They had a good time doing it. They seemed to believe in my philosophy that art is to be enjoyed and not worried about.

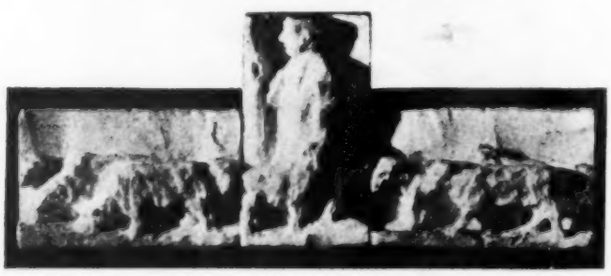
With two exceptions my class had no previous training in art. One man, Anton, I had known at the art academy years before. He had been a farmer and a gardener and at 45 was having a year of study in drawing and painting. This was years ago. When he first came to class I did not know him. His hair was white, and I remembered a fierce blackness. He was almost benign, and I remembered a restless defiance. He may not have been perfectly happy in the institution but he had achieved some balance through the drawing and painting that occupied his time when he was not working in the greenhouse, which was his assigned duty. Since his admission Anton had become an important artist in his small, institutional world. He was liked and respected. When he shook my hand that first day he said, "I am too weary and too old to do anything new," but there was interest in his eyes, and as we talked of a few of the students we had known at the academy he seemed to feel not so old nor so weary.

Soon he became my most prolific student, sometimes doing as many as two pieces in an afternoon. His favorite subjects were farm



Rhinoceros modeled by Donald, a young schizophrenic student

Shepherd leading his flock was carved from soap bars by "Anton"



Imaginary figures resembling wood nymphs carved by the patient "Anton"

animals and creatures of mythology. Once he did a series of men playing musical instruments. His sight was not good and glasses did not seem to help much, but he created the large forms with absolute assurance. After the others had gone we always smoked a pipe together, not talking too much. He was content. His drawing and painting had made that possible, and his success as a sculptor had added to it.

And there was Franz, at one time a well known concert pianist. His mother was a large mass of emotional instability worshiping him as a "genius," and during the years when his mental confusion was developing she could not have been of any great assistance. Franz looked and acted "crazy" in the popularly accepted sense. His speech was at times incoherent, and many of his movements were futile. At such times I gave him paper and

Swiss bear—also carved by "Anton"

pencil. If he wrote, the result was Gertrude Stein at her best or worse, and if he drew it was with a mad, frantic line one sometimes finds in the work of Paul Klee.

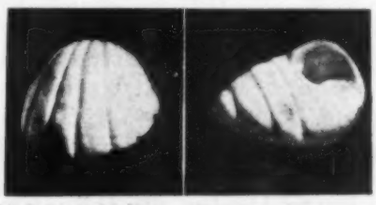
Generally he was calm in class, with a real interest in his work. His approach seemed to be purely emotional, and he always laughed with delight when he felt he had achieved some realistic effect. When his subjects had to do with music, as in carving of the characters of "The Sorcerer's Apprentice," he was representational. He did portraits of great musicians. The manipulation of a tangible material was quieting.

Mrs. Elizabeth had been a housewife who, I am sure, at one time belonged to several "culture" clubs. I can visualize her hurrying with the many tasks at home to arrive late at the Monday Club's discussion of the "Rise and Fall of Cultures"—saying the wrong thing to the speaker afterward and talking too much and just a little too loud at the tea following the lecture. She never was neat, in fact she had always been sloppy. For a time after her hospitalization she had been violent, but weaving had been a great help to her. When I knew Mrs. Elizabeth she was busy on the ward, bathing bed patients—weaving slippers for them out of "carpet rags" and setting down new songs in a little book as she heard them

Hog—a carving by "Anton"

over the radio. Most of these activities were hurried and so mechanical that her mind continued to wander as her hands worked and her tongue clattered. Carving and modeling seemed to give her periods of greater calm than she had known for some years. She modeled better than she carved. The improvement in her work was constant over the period of nine months, and her pride in her achievement was not the least of the benefits. All her subject matter was a means of recalling something pleasant out of her past. Flowers brought her memories of her garden at home. A bear was a symbol of a happy time spent in Yellowstone Park.

Every one said that in class she talked less than at any other time. Her efforts brought words of sincere flattery from her friends in the ward and I am *(Continued on page 926)*



Shells carved by "Emma," the girl who had worked in a factory

The IRRITABLE

THEY were getting a divorce, he told the doctor. Instinctively the doctor had asked himself why. He had known the Hunts —both of them—for many years. He had been present at the birth of their three children, the youngest now 8 years old. Theirs had always been an ideal home. No two people had seemed better mated; their happiness was reflected in their own faces and in the lives of their children. But now—it came as a shock, even to Dr. Terry, who was accustomed to shocks—something was radically wrong! So deeply wrong that they felt they could no longer live together.

Mr. Hunt's story was neither strange nor unusual. With numerous variations, Dr. Terry was used to hearing it almost daily. Nevertheless, he listened with interest while 47 year old Curtis Hunt told as best he could how he and his wife had become so estranged as to be on the point of separating. The onset of the trouble had been so gradual Curtis could not say just when it began, but probably six months or a year before, or maybe more.

"At first," he remarked, "I became nervous—that is, I had a feeling of tension all over. Then I noticed that I was irritable—and that isn't like me, Doctor."

"Well," queried the doctor, "what do you mean by irritable?"

"I mean that even the slightest things annoy me and make me angry. I yell at the children if they make the least bit of noise. I jump if a book drops. I can't stand the radio. In fact, I am so hard to please that both at home and in the office every one is out of patience with me."

"You know you are this way—and you can't correct it?"

"That's right, Doctor. I've tried, but I just can't help myself."

"What do you think makes you this way?"

"I don't know," replied Curt. "Maybe it's because I get tired so easily. I haven't any endurance whatsoever. I can't concentrate at work, and my wife complains that I never want to go out in the evenings, which is true."

"When you say you don't want to go out, is it because you are tired and want to go to bed?"

"Partly, but not entirely. I have completely lost interest in everything. I just don't care to go out. But about my sleep—it's disturbed too. I wake up frequently, have trouble getting back to sleep, and what rest I get doesn't seem to refresh me."

"A moment ago you said you had difficulty in concentrating. What did you mean?"

"As you know, Doctor, my job is one involving considerable responsibility. I used to like difficult problems; now I shun them. I can no longer make quick decisions. Even the letters I write lack punch, despite the fact that I spend much more time on them than formerly. I seem to have lost all confidence in my own judgment, and, indeed, even in myself."

He paused, then continued: "But why should I annoy you with all these things? After all, you have lots of *sick* folks to take care of without listening to my ramblings."

"Not at all, not at all," reassured Dr. Terry. "Go right ahead."

Curt continued. "There are a number of things I have gone over on my way to your office, but now it isn't easy for me to remember them or know how to express them. I become so confused! Perhaps it would be better if I tried to answer any direct questions you might care to ask."

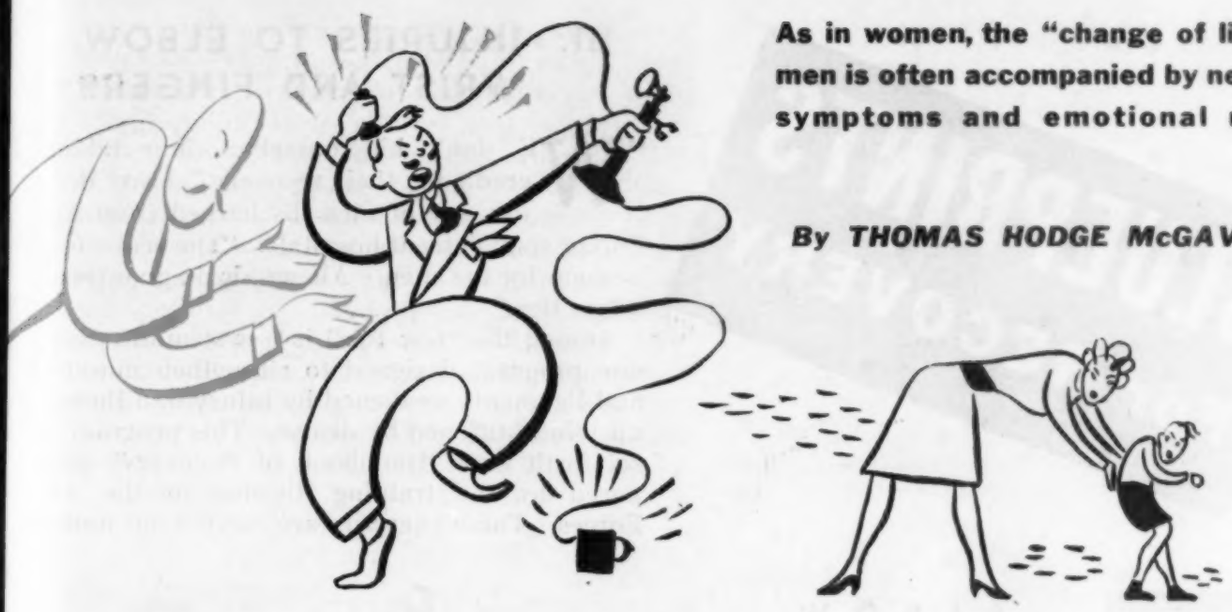
"I'll do that. Do you have any palpitation—that is, fast beating of your heart?"

"Yes, I do; and that reminds me, Doctor, that I also get short of breath, usually when I am sitting quietly, though it may come on at any time."

"Now, Curt, my next question is a very personal one. Have you experienced difficulty in marital relationships?"

"I would say they are perfectly normal, Doctor, although perhaps not as frequently indulged in as formerly."

"That is quite natural. Tell me, Curt, do you suffer from muscular aches and pains or from having your hands and arms go to sleep?"



As in women, the "change of life" in men is often accompanied by nervous symptoms and emotional upset

By THOMAS HODGE McGAVACK

HUSBAND . . .

"Now that you mention it, Doctor, I would say yes—vague pains, shifting from place to place, rarely twice in succession in the same place. I have paid very little attention to them."

After Dr. Terry had questioned Curtis Hunt further at considerable length, he completed a thorough physical examination, which proved to be negative except for the finding of slight, clammy perspiration and a nervous tremor of the hands, But Curtis Hunt was certainly sick, and among the possible diagnoses to be considered were chronic infection, overwork and overworry, thyroid disease, psychoneurosis, melancholia and last but not least, "change of life." Several tests were performed, and at a later date Dr. Terry had a final interview with his patient before starting treatment.

"Well, Dr. Terry, what have I got? Or am I just disintegrating from old age?"

"It's hardly as bad as that," smiled Dr. Terry. "As a matter of fact, I think I have really good news for you. The results of your tests leave very few possibilities. Overwork and overworry are common causes of these symptoms, but you told me at your first visit that you were not overworking and had no cause for worry."

"That is correct," Curt agreed.

"Well then, you could have a purely mental disturbance such as melancholia. However, on the basis of pure chance alone, it is a hundred to one that you don't have. Moreover, from my own knowledge of your past and present, I think it is most unlikely."

"But what do I have?" blurted Curt impatiently.

"I think you are in the 'change of life,'" answered Dr. Terry simply.

"'Change of life?'" asked Curt. "I thought only women had that!"

"That's where you're wrong, Curt. Most people believe the same as you do, but the truth is that men may and do suffer as much discomfort as women as a result of a changing balance between the glands of the body which usually takes place anywhere between the ages of 40 and 65."

Dr. Terry saw the puzzled look on Curt's face and continued: "I don't wish to be dogmatic, Curt. In fact, I cannot afford to be so about this question, for several reasons. In the first place, there are those who honestly doubt the existence of symptoms in men due to the glandular changes in middle life. You see, there are several ways in which the disturbance differs from that seen in women. In the latter, cessation of monthly cyclical activity puts a dramatic end to procreative capacity and focuses the attention of both her and her physician on the disturbed balance existing among the various glands of the body. I used the words, 'disturbed balance' advisedly. At the time of life mentioned, the function of the ovary diminishes rather rapidly, whereas at least one of the functions of an important gland at the base of the brain, the pituitary, increases—apparently in an effort to stimulate the flagging ovary. As you readily surmise, the disappearance of menstrual flow and the increase in pituitary *(Continued on page 932)*

BLUEPRINTS For RECOVERY

III. INJURIES TO ELBOW, WRIST AND FINGERS

"WE don't kid ourselves into taking credit for their recovery," Army doctors say of men discharged from Air Forces convalescent hospitals. "The real work is done by the men. All we do is give them a few tips."

Among the "few tips" is a systematic exercise program designed to strengthen muscles and ligaments weakened by injury and limber up joints stiffened by disuse. This program is set forth in a "Handbook of Recovery" prepared by the training division of the Air Forces. These exercises are carried out under

ELBOW

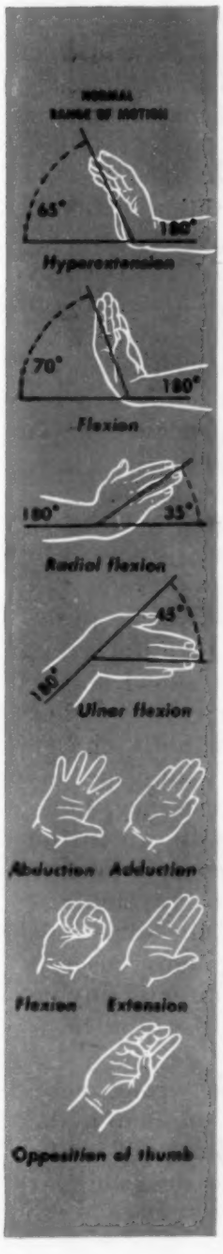
CAUSE OF DISABILITY	ACTIVE EXERCISES
SPRAIN	80 Bend and Straighten Elbow
	81 Wall Weights—Bend and Straighten Elbow
FRACTURE ABOVE ELBOW	82 Forced Bending of Elbow
	83 Forced Straightening of Elbow
FRACTURE INTO ELBOW	84 Door Knob Turner
	85 Thigh Slap – Rotating Forearm
	86 Bolt Tightener
FRACTURE OF HEAD OF RADIUS	87 Wall Push to Straighten Arm
	88 Elbow Bender from Leaning Position
DISLOCATION	89 Wall Wheel – Front and Side
	90 Rope Skipping
	91 Parallel Bars
ARTHRITIS	92 Rowing Machine
	93 Darts
	94 Punching Bag
MYOSITIS OSSIFICANS	95 Hang From Horizontal Bar
	96 Push-Ups
BURSITIS	97 Pull-Ups

appropriate medical supervision in Air Forces hospitals. They have helped build an enviable record of recovery from disabling injuries.

Because of their interest and importance HYGEIA has obtained permission to reprint the exercise charts shown in the Handbook for readers who are interested in learning how these parts work and how they can be maintained at top fitness. This is the third and last series of exercises to be presented. The others, which appeared in HYGEIA for October and November, presented exercises aimed at overcoming the disabling effects of injuries to the foot, ankle, knee, hips, back, neck and shoulders.

—*The Editor.*

WRIST and FINGERS



CAUSE OF DISABILITY	ACTIVE EXERCISES
SPRAIN	98 Wrist Bender – Up, Down, and Sideways
FRACTURE OF RADIUS JUST ABOVE WRIST (COLLES)	99 Wrist Circumductor
	100 Wall Roller
FRACTURE IN FOREARM	101 Forced Bending and Straightening of Wrist
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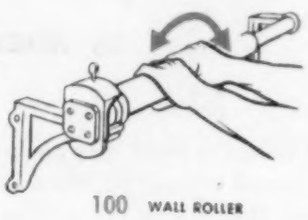
98 WRIST BENDER

99 WRIST CIRCUMDUCTOR


100 WALL ROLLER

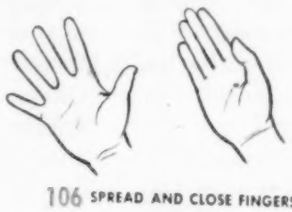
101 FORCED MOTION OF WRIST

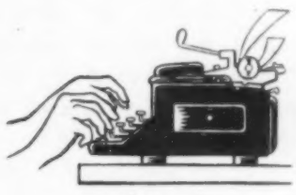
102 PUNCHING BAG

103 ROPE SKIPPING

104 THIGH SLAP

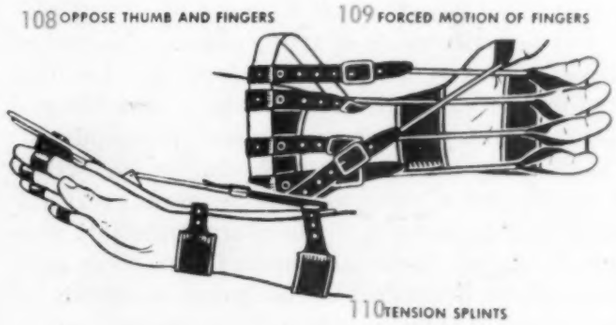
105 GRIPPING MOVEMENTS


106 SPREAD AND CLOSE FINGERS


107 TYPING

108 OPPOSE THUMB AND FINGERS

109 FORCED MOTION OF FINGERS


110 TENSION SPLINTS

THE HIGH COST OF VITAMINS

By ROBERT MARIS

DURING the time it takes to read this page, Americans will spend some $5,000 for vitamin pills, with the mistaken notion that their health will thereby be improved or their vital energy increased. All over the country, men, women and children are dosing themselves with vitamins, at a cost of $500,000 a day—$180,000,000 a year; yet doctors and nutrition scientists know that the number of persons actually requiring vitamin therapy is small by comparison. And even the few who do have some conditions for which the doctor has prescribed, say, a small added dosage of vitamin B_1, are likely to buy instead one or another of the products which have not only B_1 but half a dozen other vitamins—none of which is needed.

Thus the truth of the matter is that most of the vitamin pills which are trustingly swallowed in the search for a magic short cut to health are not needed by the swallower and will not perform the wonders he has been led to expect of them. Unless he lives in poverty—and people who can buy expensive vitamins are not likely to be living in poverty—or unless he is a food faddist or has a poorly planned, lopsided diet, he is getting most, if not all, of the vitamins he needs in his daily meals. If he isn't, he should seek to make up the deficiency through dietary correction rather than by taking pills; vitamins obtained from natural food sources cannot be replaced by artificial, manufactured vitamins. *There is no substitute for an adequate diet!*

But the soft voice of truth about vitamins is drowned out by the roar of deception. According to the Council on Pharmacy and Chemistry of the American Medical Association: "Each preparation is supposed to be better than all others. The advertising claims offered on behalf of some of the mixtures preclude any possibility of their acceptance [in *New and Nonofficial Remedies*]. No group of agents is subjected to greater advertising abuse."

To aid physicians in determining the precise content of various popular brands of multiple vitamin pills, and to show the confusion which exists in the price structure of these products, the Council a few months ago surveyed all the products on sale at the "vitamin counter" of a large department store. The names, contents and prices of the products studied in the survey are reproduced here for the enlightenment of readers who may be seeking the will-o'-the-wisp of vitaminized health. For purposes of comparison, the recognized minimum daily requirement for each vitamin as set forth by the U. S. Food and Drug Administration is also shown. It should be remembered that these amounts—with a generous margin—of the vitamins are included in the average well balanced daily diet, *and that only a careful medical examination can show that any person needs more than these amounts.*

To simplify price comparison, rates per hundred capsules have been estimated in the few cases where packages of 100 capsules were not for sale during the survey. These rates are computed from the price charged for the package nearest to 100 sold by the manufacturer; thus in these few cases the price shown in the accompanying table may be slightly higher than the manufacturer might actually charge for a package of 100. Even with generous allowances for this kind of inaccuracy, however, the pricing of vitamins as shown in the table is patently absurd. Price variations of as much as 50 per cent for nearly identical products are common; a few of the variations exceed 100 per cent. Thus in many cases it is clear not only that the purchaser is buying something he doesn't need but also that he is paying too much for it.

Plainly, somebody has to be wrong here. The only way to be sure it isn't you is to make certain that you seek your medical aid at the doctor's office instead of at the drugstore or grocery.

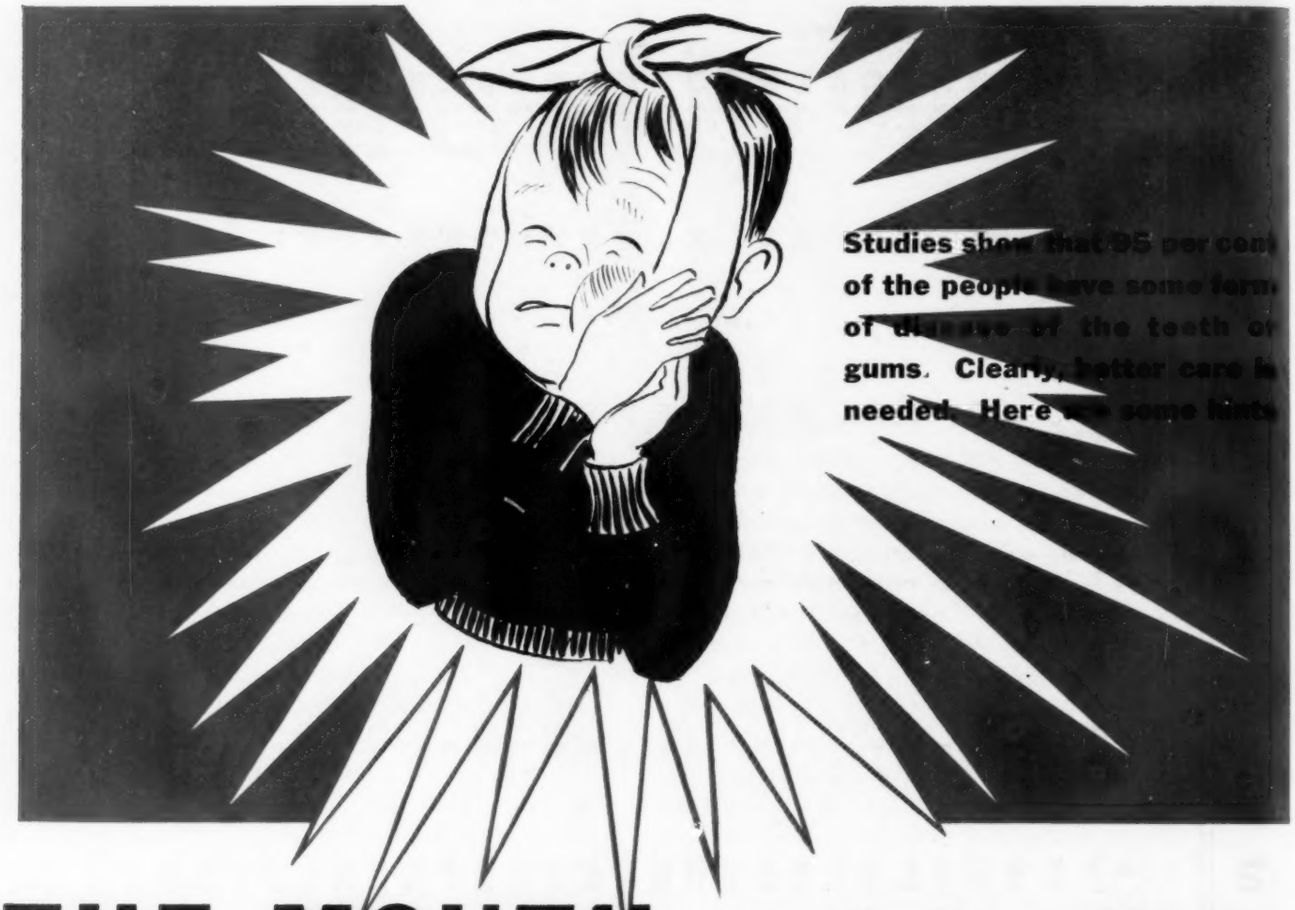
Comparative Cost of Vitamin Mixtures

Brand	Vitamin A Units	Vitamin D Units	Thiamine Hydrochloride Mg.	Riboflavin Mg.	Niacin Amide Mg.	C Mg.	Price, Rate per 100
Minimum Daily Requirements	4,000	400	1	2	*	30	
A.B.D. Abbott	5,000	500	1	....	.....	..	$1.79
A B D E C (Parke Davis & Co.)	5,000	500	2	2	10	75	4.86
A.B.D.G. Abbott	5,000	500	1	0.4	.....	..	2.55
A.B.D. Hi Potency	4,000	400	1	2	10	..	2.98
A B D O L with Vitamin C (P. D. & Co.)	5,000	500	1.5	2	20	30	4.23
A.B.D.O.L. Improved (Parke Davis & Co.)	5,000	500	1.5	2	.....	..	2.98
Bax (McKesson)	5,000	500	1	2	10	30	4.00
Dayamin (Abbott)	5,000	800	3	3	20	75	6.95
Groves ABD	4,000	400	1	....	.....	..	1.36
Hepicebrin (Lilly)	5,000	500	1	2	.....	30	3.42
Multicebrin (Lilly)	5,000	500	3	2	20	75	4.86
Pan-Vitex (Testagar & Co.)	5,000	1,000	10	5	50	100	6.78
Squibb Special Formula	5,000	800	2	3	20	75	5.00
Stamms (Standard Brands)	1,667	167	0.333	0.667	3.333	10	1.76
Stuart Formula (Stuart Co.)	2,500	400	1.875	1.5	12.5	37.5	2.40
Unicaps (Upjohn)	5,000	500	1.5	2	20	37.5	2.96
Vi Magna (Lederle)	5,000	500	3	2	20	30	3.19
Vigran (Squibb)	4,000	400	1	2	10	30	3.98
Vims (Lever Bros.)	1,667	167	0.333	0.667	3.333	10	1.76
Vipenta Perles "Roche"	5,000	500	1	0.3	.....	30	3.73
Visyneral (Adult) (U. S. Vitamin Corp.)	4,000	570	1.5	2	10	30	8.00**
Vita-Kap (Abbott)	5,000	500	1.5	2	20	37.5	4.22
Vitaminets "Roche"	1,667	167	0.667	0.667	5	16.67	2.45
Vitamins plus (Vitamins Plus, Inc.)	5,000	500	1	2	10	30	6.80†
White's Multi Vi	5,000	500	1	1	10	30	2.70

* The minimum daily requirement of nicotinic acid has not been established, but there appears to be fairly good agreement among those qualified to speak authoritatively on the subject that 10 mg. is approximately the minimum daily requirement for this vitamin.

** One half or 100 capsules of a 200 capsule package contain minerals only.

† Two types of capsules are required to provide the above vitamins; there are 144 capsules in a package, 72 containing vitamins A and D, 72 the other vitamins.



THE MOUTH *and Its Care*

FROM the first lusty cry of the baby just entering the world to toothless old age, our mouths play a leading role in everyday life. The use of the mouth is the first lesson a baby has to learn. It's the only part of the body the baby is conscious of during the first days or weeks of life. Through the baby's mouth, food for growth and well-being are imparted from mother to child.

It's baby's first smile that tells you, the proud mother and father, that it is aware of your presence and love. The cry of a baby has been sent over trans-Atlantic telephone to comfort the heart of a lonesome, homesick soldier-father. The appearance of our baby's first tooth was a historic event in our household. Then, what picture is more representative of healthy childhood than the toothless grin of the boy or girl at the age of 7? What is sweeter than the gleaming smile of a girl of 18?

It's with the mouth, too, that the sweetheart or husband whispers the last fond words of farewell as he leaves for service in the armed forces. It's the mouth that imparts the "God bless you!" from fathers, mothers, sisters, brothers and friends to our boys and girls when they leave for foreign fields of war. And, much to the dismay of many a young bride, it's the taste organs in the mouth of her husband that make him remember and perhaps even talk about the pies and cakes mother used to make!

An army may "travel on its stomach," but leaders of our armed forces today know that to maintain physical efficiency soldiers must first be able to chew their food well enough for proper digestion and assimilation. That's why it has been necessary to appoint one dental officer to supply needed dental care to each 500 boys in the armed forces. The mouth health of the youth of our country was so badly neglected that about one out of ten couldn't meet the peacetime dental requirements of any branch of our armed forces. In order to avert the loss of nearly 10 per cent of the manpower of our country, it was necessary to take these boys into service and repair their teeth to enable them to chew their food properly. It seems almost unbelievable that we should have found 188,000 out of the first two million boys examined who were unable to meet the dental requirements.

By LEON R. KRAMER

What were these requirements? Simply this: A young man was required to have three upper front teeth strike three lower front teeth and three upper chewing teeth, or molars, strike three lower molars. Six upper teeth and six lower teeth had to hit. The failure of so many to meet this standard is sufficient evidence to prove that more concentrated attention should be given to the problem of controlling disease of the teeth and mouth.

Because the mouth forms the lower third of the face, its perfection or lack of perfection is a positive factor in either the attractiveness or unattractiveness of the face. Ugliness of the teeth and mouth often are responsible for behavior problems in children and adults. In the hospitals of our armed forces, the departments of jaws and facial surgery are places where specialists in the field of medicine such as plastic surgeons, dental surgeons and bone surgeons use the latest developments in technic and treatment to restore as nearly as possible the shattered countenance of a wounded soldier. These doctors know that a man's face is his passport in social life.

Facial deformities such as those resulting from underdeveloped chin and jaw, or ugly, protruding upper teeth, or the pugnacious appearance of an overdeveloped lower jaw, have sounded the death knell to the aspirations of many brilliant and ambitious young persons. I know a young man who was a brilliant student in his college course in education and an exceptionally fine teacher. After a few years' work in his chosen profession, he had to abandon his career because of a malformed face and ugly, protruding teeth. His deformity so greatly distracted the attention of his students that his teaching ability was nullified. Timely discovery and correction of this defect early in life would have prevented his sad experience and would have salvaged a brilliant mind for the teaching profession.

What can be done to stimulate more interest in the care and preservation of teeth in ourselves and in our children?

Although some new procedures are developing such as adding sodium fluoride to community water supplies, which it is believed will be a great factor in reducing dental decay, three steps by which we can prevent the loss of permanent teeth, especially in children during their growth period, have been proved effective. These steps are: proper diet, daily brushing of the teeth, and regular and frequent examination and correction of defects by the dentist.

Diseases of the teeth and gums attack more than 95 per cent of the people of our nation. Eskimos in their native environment rarely have diseased teeth. They eat foods as they find them in nature. When foods such as sugars, candies and refined flour are used by Eskimos they soon show signs of tooth decay. Studies show that the gross reduction of sugar and refined starch foods, together with well balanced meals, reduces or stops tooth decay. Every person, particularly those who plan the family's meals, should know how to select the proper foods for a balanced diet.

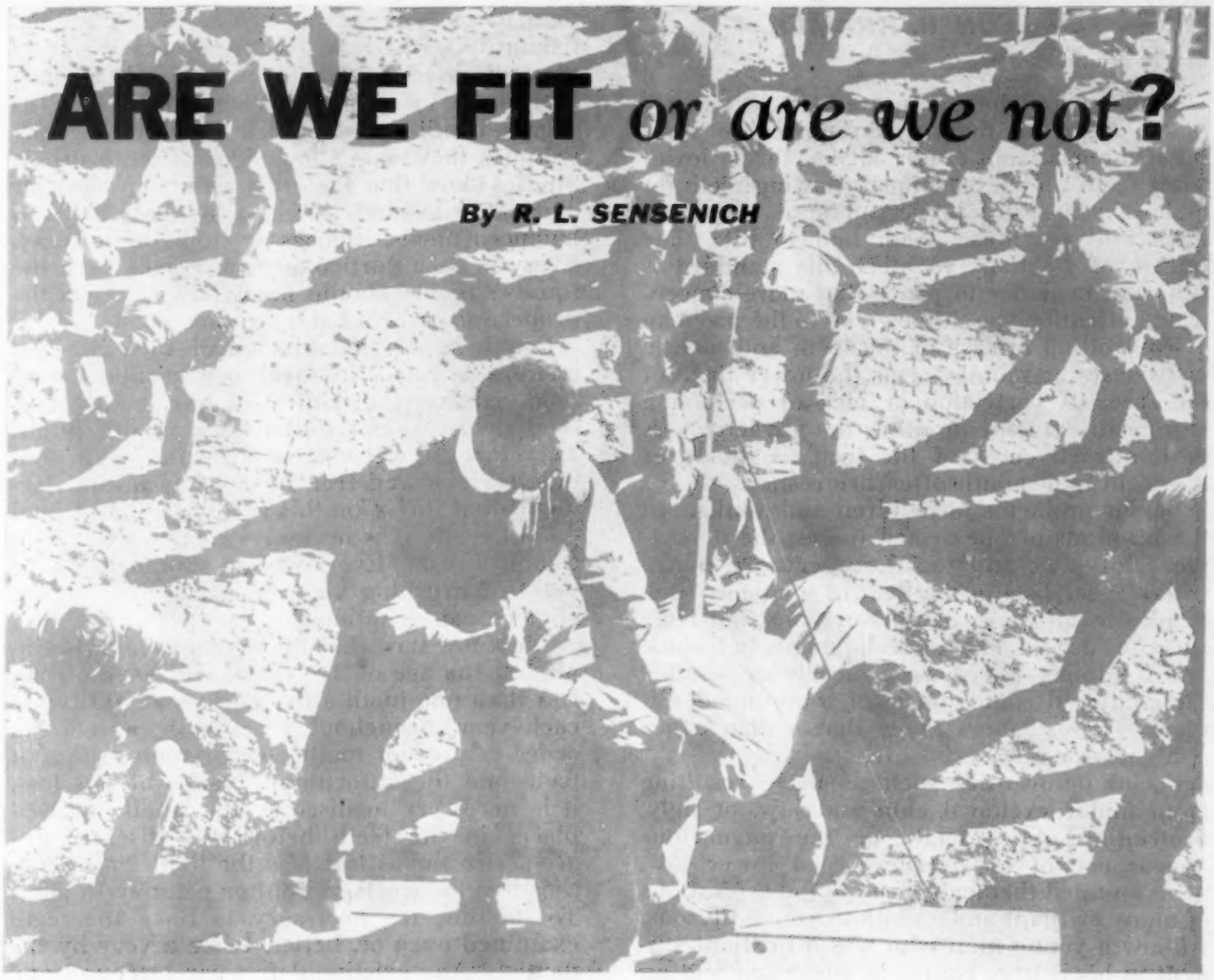
Cooking and the mixture of fats, starches and other foods in meal preparation create food residues that collect on the teeth. This food debris is not digested by mouth fluids. Therefore, if we wish to keep our teeth and mouth clean and free from bacteria and ferments that thrive on this accumulation of food on our teeth, it is necessary to remove it with a tooth brush. Every person should form the habit of brushing his teeth daily as a matter of personal cleanliness.

We know now that the average child, beginning at the age of 2½ years, will have a little less than one tooth attacked by dental disease each year throughout his growth period. In order to prevent toothache, premature loss of teeth and the unfortunate results of this loss, it is necessary to discover the small diseased places in the teeth before the disease progresses so far as to cause the tooth to become sensitive to sweets or cold or actually to ache. To do this, it's necessary to have the teeth examined once or, better, twice a year by the dentist. Any existing defect can be found and corrected with less discomfort to the child or adult, and the cost of repair is then reduced to a minimum. It has been demonstrated that this procedure can keep the yearly cost of supplying protective dental care to the average child well below the cost of having his hair cut over the same period of time! Regular dental care is inexpensive; dental neglect is costly. Many schools have demonstrated the effectiveness of these procedures. In Kansas, for example, some schools have reduced the loss of permanent teeth in seventh and eighth grade children from 33 per hundred children to 4 or less.

Keep in mind the importance of the mouth to daily living, its function as an organ of expression, taste and digestion and its importance to the health and appearance of our children. This will help you make certain that you and your children continue to get proper dental care. Too, you can aid in the promotion of mouth health in your home town or community by supporting measures directed toward starting dental health programs in the schools and supplying dental care to underprivileged children.

ARE WE FIT *or are we not?*

By R. L. SENSENICH



The Real Meaning of the Selective Service Physical Examination Findings

IT is well known that physical examinations of Selective Service registrants during the past four years have revealed a large number of men who are judged to be unfit, for one reason or another, for military service. On the basis of this one broad fact, which itself is to a large degree presumptive, many people have drawn gloomy conclusions about the general health and fitness of the nation. The figures, it is claimed by these mournful observers, demonstrate that the population is riddled with disease and deformity. The rejection rate, they allege, is proof that national health is at low ebb and that America's medical care is inadequate.

These conclusions are false. Public health statistics on mortality and morbidity rates—and these are carefully compiled, county by county records, not sweeping generalities—point inescapably to the fact that the nation's health is at an all time high, in spite of the hazards and strains of nearly three years of war. Moreover, the so-called "evidence" of poor health and inadequate medical care, the Selective Service report, falls apart quickly when actual data arising from draft board and induction station physical examinations are studied.

In the first place, it must be remembered that the physical and mental standards of the examinations were aimed at the selection of men qualified to serve with the armed forces under combat conditions. Immediately, this ruled out as "unfit" thousands of men whose health and fitness for ordinary peacetime pursuits would never be questioned but who pre-

sented one or several physical conditions judged to be disqualifying for the severe strains of modern warfare. Here, for example, went the men with "defects" such as poor vision or hearing difficulty. Rightly judged unfit in the military sense of the word, these men numbered among them too many football players and gymnasts and boxers to be labeled "unhealthy" by any sensible standard. As a matter of fact, requirements for visual and hearing acuity and teeth, among others, were successively lowered as the examinations proceeded and it was discovered that men were being rejected who were obviously fit even for rigorous military life. Yet these early rejectees remain a part of the statistic which supposedly proves that the nation is in woful shape physically!

Another important basic consideration in the interpretation of physical findings is this: Since the objective was to screen out those who would not stand up in military life, rejections had to be based not only on existing physical impairments at the time of the examination but also on the examining officer's estimation of potential failure—a judgment of future performance under conditions of combat. Only in the light of this future performance standard is it fair to judge the health of men rejected because—to name one of many such reasons—they had a history of infected pilonidal cyst. A large number of men have these cysts, or fissures, which are caused by an imperfect closure or folding of the flesh around the base of the spine. Present from birth, the imperfection is about as disabling as a hangnail; most men don't even know they have it. Yet occasionally these cysts become infected, and the infection may persist for days or even weeks during which the victim is painfully disabled. Furthermore, once an infection has occurred the likelihood of its reappearance is good particularly when strenuous physical exertion or motion is engaged in. (The high incidence of these infections in men subjected to prolonged vibration and jostling on rides in military vehicles gave the condition its familiar cognomen: "jeep disease.") Thus thousands of men were rejected on the basis of a potential rather than an actual disability—hardly a cause for grave concern about the public health.

This same concern for future performance, too, explains a large number of the rejections for mental disorders and emotional instability. Many men who were obviously well adjusted to civilian routines, and, in fact, many who had outstanding records of *(Continued on page 940)*

Physical standards for military service seek to determine fitness for rigorous combat duty. Even men in good health need strenuous conditioning, after they are in service, to prepare for duty

By FRANCES L. MASON

SEVEN good reasons why torpedoed merchant seamen can return to sea are the seven Rest Centers for seamen which are a joint project of the United Seamen's Service, a member agency of the National War Fund, and the War Shipping Administration. The centers are making it possible for seamen who have undergone bombings and torpedoing to return again and again to the same dangerous work that made them temporarily unfit for service. They are doing this through a unique medical project which, after the war, might well inspire duplication of its procedures by other organizations and institutions established for a similar purpose.

The centers, set up along the east and west coasts, are administered under the War Shipping Administration, and the doctors are officers in the United States Public Health Service. Eligible to go to the centers are seamen convalescing from physical illness or injuries after having been in marine hospitals; tired and underweight seamen; and seamen in danger of breakdown as a result of the continued danger, probability of attack and tension during voyages of many months' duration through danger filled seas.

The project can be summed up as a combination of physical care, psychologic first aid and a combined work-recreation program. The whole program is designed to make seamen fit to go to sea again; to prevent a breakdown in exhausted seamen by giving them a rest and getting them into good physical condition; and to produce strong nerves in men whose equilibrium has often been shattered by terrifying experiences of bombings, explosions and death.

The success of the Rest Center projects is attributed to the correlation of the entire program and to the fact that only thirty to fifty seamen are dealt with at any time in any one center. The small numbers alone distinguish the program from any similar homes and are said to make for the ideal setup. With few numbers to consider, doctors and nurses can give highly personal treatment with a minimum of rules and red tape and a maximum of informality.

Ninety per cent of the seamen who enter the Rest Centers have been exposed to enemy action on the high seas, with the concomitant nerve tension, worry and fear that go with this experience. About two thirds suffer from "battle reaction," which affects them in varying degrees but which leaves them all in a mental and physical state described, in simple terms, as "unfit for action."

In many cases, seamen entering the rest homes are victims of an accumulated strain dating from the early war years, when most merchant ships were unarmed and when all seamen were targets with no possibility of protecting themselves or fighting back. Most breakdowns are experienced by seamen who have been shipping from the start of the war. Yet so successful is this rehabilitation of seamen with "convoy fatigue" that after only three weeks in a rest home, 80 per cent are discharged as fit—not just fit for work in harbors or lakes, but fit to go back to sea.

The purely medical and psychotherapeutic treatments followed by doctors and nurses at the Rest Centers do not differ in principle from those followed in other hospitals and clinics, although the small size of the centers allows for more informal and personal care. It also per-

mits the study of new methods of treatment. For instance, the drug ergotamine tartrate has been used successfully as an adjunct in the treatment of battle reaction. By use of this drug, which acts directly on the autonomic nervous system, seamen with typical signs of "war nerves," tremors, insomnia, loss of appetite and other symptoms, have made much more rapid recoveries than have others without the drug. It helps get rid of the physical symptoms, and the man can then take advantage of the psychologic and other treatment aids available at the Rest Centers.

The uniqueness of the treatment at a Rest Center lies in the individual attention that the seaman can receive when he needs it and the emphasis put on the man's understanding of himself and his reactions. Mental hygiene and elementary principles of psychology are translated into the kind of human, everyday behavior that individuals can understand. He also learns how to care for himself physically. Every guest at these Rest Centers receives not just enough care, but all the care, medical and psychologic, that he needs.

"Part of the success of the treatment given at the seamen's Rest Centers may be due to the flexibility—or plain horse sense—that has been used in setting up the period for convalescence," said Dr. Florence Powdermaker, director of health education. "Seamen who are not particularly nervous but just tired after a long period of sea duty may come for a few days or a week and then be in good shape to ship out again. In this way we may prevent a breakdown on the next trip.

"A three weeks limit has been set, and everything has been oriented toward getting the men to return to sea as quickly as possible. They take it for granted not only that they

Rest Cures for "CONVOY FATIGUE"

Comfortable surroundings and skilled care at special rest centers help seamen recover from voyage tension

Merchant seamen enjoy a siesta on the sun deck of the main building of the rest center at Oyster Bay, L. I. Relaxation is an important part of the cure

Plenty of good food and the companionship of understanding staff members and other seamen who have undergone similar strains aid in speedy recovery

Books from the library of Mrs. Kermit Roosevelt, on whose estate the rest center at Oyster Bay is located, entertain seamen resting from war strains

Occupational therapy is a part of the regimen in many cases. Here several seamen are shown watching a bookbinding demonstration at the center

will return to sea, but that they will return in a fairly short time. This prevents, on the whole, any tendency of the men to think of themselves as chronically ill. Often they want to leave before the doctors think they are ready, especially if there is much action. On 'D-Day' almost every man wanted to ship out, no matter how he felt."

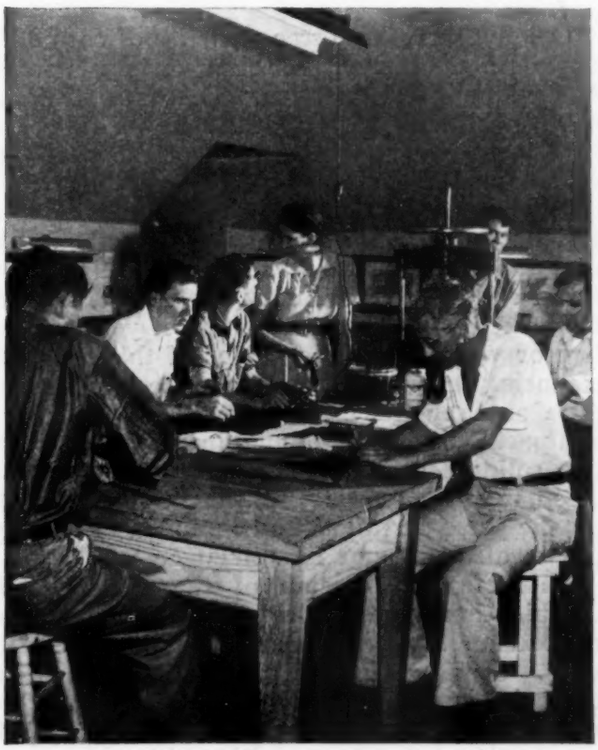
Once a man has, through rest, medical care and good food, arrived at top physical condition, the program of "psychologic first aid" steps in. This part of the program is designed to help a seaman meet any dangerous situations in the future. It is based on giving information that will help the men meet situations with confidence. The doctors ask these questions: What is it the men will have to face? What will be their emotional reactions? What will help them meet these situations? Psychologic first aid, in short, involves the translation into everyday behavior, understandable to anybody, of the elementary principles of psychology.

What will help the seamen meet situations of danger? is the question on which staff members at the Rest Center concentrate, for they believe that if the men have information as to what to do in an emergency, they will have confidence and be more apt to meet the emergencies resulting from enemy action and torpedoing than will seamen without this information, who may lose their heads when danger strikes.

Rest Centers teach men to handle lifeboats with sails, for instance, and since all the homes are located on or near water, there is plenty of opportunity. This is popular with all, including members of the "black gangs," whose work is down in the engine rooms. Many old salts who have been at sea all their lives don't know how to swim, and they can learn in the Rest Center swimming pools. First aid and rescue work are also taught.

"Getting fear out of their systems" is another part of the program. Seamen are encouraged, in groups and in private, to discuss their experiences and their fears. The fears of some are so exaggerated that they cannot talk about them, and some must be treated by narcosynthesis—that is, the use of a drug that makes it easy to talk about refused or partly forgotten episodes.

If a seaman can talk freely of the happenings that gave him his battle reaction, he is considered on the road to recovery. If he can see a film showing a ship bombing and not be bothered by it, he is usually fit to go back to sea. This movie bomb- *(Continued on page 956)*



Other occupational therapy routines include woodworking, leather work and various kinds of hand crafts prescribed to assist in rehabilitation

Physical therapy is also furnished when needed. The centers are operated by United Seamen's Service in cooperation with the War Shipping Administration

Cleansing Creams and Lotions

By HERMAN GOODMAN

STUDIES of the buying habits of women in the United States disclose this fact: If a woman buys and applies only one cosmetic, the chances are it is something that is sold under the name of "cleansing cream" or "lotion." The habit has an historical background. In years gone by, the only soap available was strong, caustic potash or lye soap; in fact, pioneer America made its own soap. In certain sections of our country today, some women continue to make their own soap, preserving the potash, the ashes of the wood fire, and the bacon grease and mixing them with water to make a crude soap. Of course, the action of such home made, highly alkaline or caustic soap was never kind to the complexion. "Soap is bad for the skin," people got into the habit of saying.

Many writers, speakers, salesmen and saleswomen of cosmetics still repeat the phrase, "Soap is bad for the complexion," despite the universal acceptance of factory made, scientifically controlled complexion soaps. The day of the caustic soap has long since passed. Complexion soap, also known as toilet soap, as sold today has no free alkali. Such soaps are prepared to neutralize or counteract the free alkali formed during the process of solution of the soap with water. You can test this for yourself by rubbing your toothbrush against a fresh cake of toilet soap and brushing your teeth with soap suds. You will notice no irritation, no burning, no ill effects whatsoever. Perhaps you have also noticed the lack of severe burning or irritation following the accidental application of toilet soap and water directly to the eyes. When you were a child, your mother was especially careful to avoid having the soapy water reach your eyes. When you had your face washed you closed your eyelids tightly. As some of the old-fashioned soap and water reached the eyes, remember how you groped with eyes tight shut for the towel hanging on the back of the bathroom door? Of course, an effort should still be made to avoid direct application of soap to the delicate eye surfaces, but when this happens occasionally with today's soaps the harsh burning which used to take place is absent. Nevertheless, in spite of the improvements made in soaps the idea that some substitute for soap should be used for cleansing the skin still persists.

Chiefly, there are three varieties of cosmetic creams and lotions. The first variety is soap and water in cream form. This is a straight soap substitute. In fact, it is soap—solid soap in a jar already mixed with water instead of cake soap wrapped in paper.

The second variety of cleansing cream on the market is a mixture of mineral oils, solid and liquid. This mixture is so adjusted as to be solid under ordinary conditions, and it is marketed in a jar. Of course, if your handbag or valise containing a jar of this kind of cleansing cream were placed close to a steam pipe or over the exhaust pipe in the trunk compartment of an automobile, you might find the solid cleansing cream turned to liquid. Then, if you did not have the cap tightly placed on the jar, you might find liquefied cleansing cream all over your new negligee.

This cleansing cream of the mineral oil combination type is designed to melt when rubbed on the skin surface. It liquefies. It runs. Usually it is claimed that the liquefied cleansing cream of this type acts to cleanse the apertures of the skin surface. Practically all applications of mineral oil combination type cleansing creams give the impression of having removed dirt and filth from the skin on agitation. You apply a small amount of the solid

mineral oil combination type cleansing cream to the face. You rub. Then you take a tissue or soft linen towel and go over the face with tissue, towel or handkerchief. Remove the recently applied cleansing agent. The color of the removed material is dark. You must believe the evidence of your eyes.

Now make a second application of the same cream on the newly cleansed area of your face. Repeat what you did before; rub in the cream, which liquefies under your massage. Remove it once more with tissue or handkerchief. You may notice that the second application removed is as dark as the first was. Do this a third and a fourth time and you may still get the same result, not because the skin of your face has remained dirty, but because of the very nature of the cleansing cream of the mineral oil combination type. It would even be possible to have an application of mineral oil combination type cleansing cream darkened after rubbing over a clean glass plate.

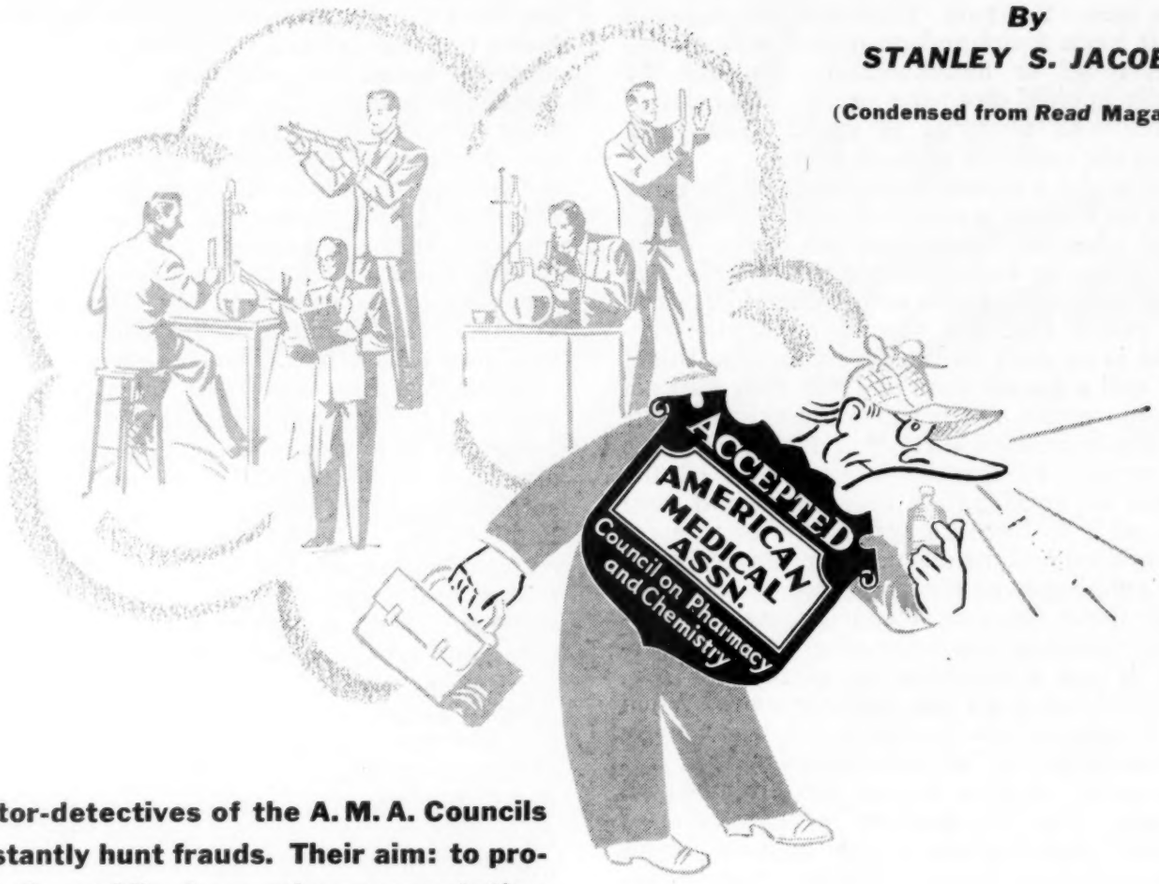
The third form of cleansing cream commonly available is neither soap as we understand it nor a combination of mineral oils. This third form is comparatively new. When it first appeared on the market, it was usually given a name like "all purpose cream." It was not a soap. It was not an inert mineral oil mixture. This "all purpose" or new form of cleansing cream emerges from modern chemical knowledge. Recent chemical experimentation and laboratory investigation have disclosed chemicals of great importance. Practical application of these materials has been made in allied fields of industrial endeavor such as cleansing of textiles, washing of laundry, preparation of animal wools for textile manufacture and in the search for explosives, perfumes, antiseptics and poison gas. Eventually some of these compounds were tried in cosmetics laboratories. A few successful ones were transferred to the factory.

One such recently accepted material in cosmetics, for example, may be compared to vegetable shortening. No doubt you have some shortening in the kitchen; it is a white, odorless solid, with a not unpleasant taste. You apply it freely in your flour for cakes; you may mix it with butter; it is excellent for frying, unexcelled for deep frying. Chemically, these vegetable shortenings are hydrogenated oils, produced by the addition of hydrogen to the fats found in vegetables. Vegetable oils such as cotton seed, coconut or peanut oil, to mention only three, are thus "hydrogenated" and change from liquid to solid form. The factory provides many grades of hydrogenated oils. Some are as hard as wax, others as soft as warm butter. Combinations of various percentages of hydrogenated oil and nonhydrogenated oil are offered. You may be wondering what this has to do with cleansing cream. Some time ago, circus performers, actors and actresses found that certain varieties of vegetable oil shortening bought in the grocery store were excellent agents for the removal of make-up. Mixtures of hydrogenated oil are now on the shelves of the cosmetic store or department. Modified hydrogenated oil, soap added to hydrogenated oil, mineral oil mixtures with hydrogenated oil or combinations of all three serve as cleansing cream. In an emergency vegetable shortening from the kitchen may be used as a satisfactory cleansing cream.

Advantage has also been taken of recent additions to chemical knowledge in the manufacture of cleansing lotions. In the past, most cleansing lotions consisted of emollients, or softening agents. Honey was an ingredient of hand lotion. Starch waters, not only from conventional starch but also from allied vegetables and plants, were utilized in these softeners. Soap waters likewise were ingredients in cleansing lotions. The thick form of soap water was, in fact, simply a thin form of soap cream; often it went by the name of "milk." These old standbys are still available in one or another type of cleansing lotion for the skin. However, like many other old-fashioned items they are rapidly being replaced by modern chemical substitutions. The modern substitutions have many advantages over former cleansing lotions. Some of the starch cleansing lotions, for example, had a tendency to become moldy and spoiled. To prevent this spoiling, chemicals were sometimes added; such chemicals often caused irritations of the skin. Natural products such as gum, which was one of the common softening agents used in lotions, could not always be standardized easily. Recent chemicals used in cleansing lotions belong to the group known as detergents, or purifying agents. They have had a wide range of utility in commerce, and they have been widely tested. The proper concentrations for their effective use in cleansing lotions have been determined by experience.

These modern products are superior to any home made cream or lotion for which formulas are easily available. One drawback to the widest utility of the modern chemicals is the fact that the owners of base patents may restrict the use of a new item to one or two licensed manufacturers. In large part, however, it is only fair to acknowledge that competition, supply and demand and other factors of modern commercial manufacture and distribution have brought the new cleansing creams and lotions to huge masses of people.

By
STANLEY S. JACOBS
(Condensed from *Read* Magazine)



Doctor-detectives of the A. M. A. Councils constantly hunt frauds. Their aim: to protect the public from misrepresentation

AMERICA'S

ALTHOUGH you may not realize it, your life is influenced a dozen times a day by the unceasing health campaigns of the American Medical Association. Your own doctor probably is one of its 124,452 members. This membership, most complete of any professional organization in the world, is the special pride of Dr. Olin West, for some twenty years secretary-manager of the Association.

If your child studies hygiene in school, his teacher may have received some of her materials from the A. M. A. Bureau of Health Education. If you are one of the millions of worriers who are forever buying nostrums to "alkalize" themselves, you will save money by heeding the A. M. A.'s advice to "forget the acids and let your system dispose of them!" If you are worried about baby foods, you may rest assured that those bearing the A. M. A.'s seal of acceptance are absolutely safe for your infant.

In fact, everything which has a bearing on the health or mental well-being of you and your family interests the American Medical Association's staff of more than 500 persons employed on projects to improve our health.

You save dollars and avoid trouble every year, simply because the A. M. A. staff is merciless in exposing medical quacks and grafters who peddle cure-alls at high prices. One of the "remedies" laughed out of existence by the Association was a magnetic drinking cup, which supposedly gave the imbiber "a powerful health-giving suggestion of electricity and magnetism."

A Chicagoan's invention of a magnetized hatband to improve the health likewise was exploded. The *Patting Sleep Inducer* was the brain child of a New York woman, who asserted that the spring-powered device would induce sleep by patting the cheeks so many times a minute. "Bunk!" said the A. M. A.

One lady quack investigated by the A. M. A. proved daringly truthful. She called her high-priced potion *Humbug Oil.* But she also claimed that it would "relieve diphtheria of the most malignant type." Thanks to the A. M. A., her remedy was discredited.

Cosmetics makers are more wary today, due to the vigilance of the biggest medical organization in the world. When a Texas firm marketed its *Freckle-Eater,* for example, A. M. A. laboratory men found it contained a caustic poison—and condemned the product.

Even the famous Texas Guinan of "Hello, Sucker!" fame locked horns with the A. M. A. Texas was promoting an obesity cure which she sold for $20 through the mails. In her ads, she proclaimed, "In tights I was a sight at 204 pounds!" Her sales suffered when the A. M. A. told the world that her "cure" was compounded of 30 cents worth of alum and alcohol. The A. M. A. has been sued for some $35,000,000 by outraged quacks and others, but it has never lost a case, though it once was assessed damages of 1 cent. The A. M. A.'s far-flung educational program is financed by the dues paid by members. The financial and business affairs of the Association are under the direction of Will C. Braun.

Each year 12,000 curious Americans send more than 100,000 health and medical inquiries to the A. M. A.'s Bureau of Health Education, and Dr. W. W. Bauer, head of the bureau, fills hundreds of lecture engagements before schools, service clubs, women's groups and the like.

Every letter, foolish or intelligent, neat or

MEDICAL MEN

almost illegible, gets a personal reply from either Dr. Bauer or the assistant director, Dr. Paul A. Teschner. If they don't have the answer to a puzzler, they call upon one of the many medical or scientific "referees" throughout the country, who supply the answers to tough questions at no cost.

Doctors Bauer and Teschner even help mystery writers when they need a reliable bit of medical information. One crime-conscious individual recently asked if the retina of a murdered person would retain the image of the slayer. If that were possible, Dr. Teschner replied, there would be no unsolved murders.

What are people interested in? "Hair, skin and beauty," replies Dr. Teschner. Figures over a ten-year-period show that inquiries concerned with personal appearance lead all others in the daily mail bag.

A. M. A. public education can never be relaxed, Dr. Bauer points out. When publicity was given to the reducing properties of a dangerous drug, dinitrophenol, hundreds of persons wrote to the Association, asking how they could obtain this "new, safe and easy" reducing product. They had paid little or no heed to the dangers emphatically described in all A. M. A. newspaper articles about the drug.

Do you believe that boils purify the blood? That whisky is an antidote for snake-bite? That a mad dog always foams at the mouth? Or that you should feed a cold and starve a fever? Forget such baseless notions, Doctors Bauer and Teschner will tell you. They are superstitions.

When you can't sleep, do you reach for a bromide? Be careful! "It is high time society protected itself against the use of these preparations which may contribute to an alarming increase in various forms of mental upsets or even insanity," the A. M. A. officials say.

The A. M. A. is nemesis to the phony "psychologists" and occultists who intrude on the domain of professional psychiatrists. Here is an official A. M. A. description of a typical charlatan:

"He has a suave, oily manner; knows all the answers immediately; boasts about his diplomas; quotes a price for his 'treatments'; criticizes other professions, and may use mystic language and symbols."

If you are a housewife, you are less likely today to buy a worthless or harmful "health food," thanks to the efforts of the A. M. A.'s Council on Foods and Nutrition. When you find a highway stand clean and tidy, the owner probably is conforming to state health laws pushed vigorously by the A. M. A. And if you go to a hospital approved by the Association, you may be sure its facilities and reputation are excellent.

Remember the hush-hush attitude toward cancer a few years ago? That is old-fashioned now, for the A. M. A. waged a long and successful fight by press and radio to bring cancer into the area of frank public discussion. The terror and mystery which previously enveloped the disease were thus dissolved.

An Ohio school teacher tells friends that she owes her life to the A. M. A. and its public relations program of publicizing the symptoms of the disease. She read about cancer in HYGEIA; remembered her own symptoms; and learned from her doctor that she was suffering from it. Prompt treatment and surgery saved her. Today she takes credit for having helped a half-dozen townspeople detect cancer in time, by her insistence on placing A. M. A. material on the subject in the newspaper and in school and club bulletins.

DRUGS are

By AUSTIN E. SMITH

Keystone Views

THE absence from home of many physicians who are in the armed forces and recent minor epidemics of illness have caused many people to consider seriously the advisability of administering drugs to themselves and the members of their own families. While these people all have in mind only the administration of what they believe to be simple and safe remedies, their actions involve more than the mere administration of a drug. Obviously a diagnosis is first attempted and specific treatment contemplated before the drugs are offered. Frequently more damage follows from the mistaken diagnosis than from the simple treatment measures. Especially when "medical" advice is offered by a teacher, counselor, drugstore clerk or other layman, it is remembered by the "patient" and followed over a much longer period than the advisor probably anticipated.

Many illnesses can be relieved simply by ordering the sick person to bed. Rest is frequently the only treatment necessary. Other illnesses can be relieved in part by alleviating the most distressing symptoms through the use of drugs; such relief of symptoms may permit the body to combat the illness more successfully. But sometimes "simple and harmless" drugs are administered in the hope that the patient may remain at home in comfort—so that a physician need not be called. Occasionally these drugs are administered in the hope that complications will be prevented and complete recovery assured more quickly.

Unfortunately, it is no simple matter for the untrained eye to differentiate among all the sniffles, sore throats, fevers and body aches and diagnose the true cause of illness. A condition which to some may be "just a sore throat" may turn out to be a devastating streptococcal or diphtheria infection. Fever and chills or body aches which are regarded by the uninitiated as a common cold may in reality be an attack of rheumatic fever or pneumonia. The administration of drugs to make these sick people feel more comfortable is not an effective means of contributing to a more speedy recovery unless the underlying cause is also treated. If only the symptoms of a disease were treated there would be no need for such remarkable drugs as sulfanilamide and penicillin, which are designed to strike specifically at the cause.

The drugs most frequently seized on by the public include laxatives, sedatives, aspirin, cough syrups, vitamins, cold vaccines, sulfonamides or "sulfa" drugs, and agents for skin afflictions. Laxatives are widely used by the American public. Almost $200,000,000 is spent every year in the purchase of this class of medicaments, but the public's actual need for laxatives is limited. If only the need were fulfilled, the cost could be measured at the most in terms of thousands of dollars. Too many people erroneously believe that the intestines must be evacuated regularly each day or twice a day, or else "poisons" will be absorbed into the body. This is not true. While it is desirable from a health standpoint to establish regularity, considerable variation can occur without harmful results. Such variation may follow a change in diet, exercise, emotional stress or other influences. Many people also believe it is wise to purge the gastrointestinal tract whenever illness such as a cold appears. This is another fallacious belief. The patient is sufficiently miserable without being made the victim of a drastic laxative! When a pain in the abdomen occurs it is commonly diagnosed by the untrained persons as indigestion, and a laxative is administered. If the pain is due to an inflamed appendix the administration of a purge may cause the intestine to become so active that the appendix will rupture; peritonitis and even death may follow. A few years ago some one estimated that one person in the United States died with

appendicitis every thirty minutes, and that nine out of ten deaths were caused by the use of a laxative.

In the consideration of laxatives, too, recent warnings by several prominent medical bodies are pertinent; these groups warn that the continued use of mineral oil as a food may aid in causing serious vitamin deficiencies, because mineral oil has been found to hinder the absorption of vitamin K and carotene, the precursor of vitamin A.

The harm that has followed the careless use of sedatives is probably incalculable. Some of these drugs, especially after prolonged use, cause skin rashes, stomach and intestinal upsets, mental deterioration and even suicides and accidental deaths. Obviously, this type of medication is best left to trained medical hands, but unfortunately when the comforting effects of sedatives and sleep-producing compounds are observed, people who think they need this type of relief continue to use such drugs. Many of these compounds have been classified by state laws and federal regulations as being suitable only for sale on prescription. However, the majority of home medicine chests have tablets and pills left over from prescriptions and other preparations not restricted to prescriptions.

Cough syrups are among the most misunderstood of drugs. They are credited with curing a cough when actually they only provide some relief from a symptom; the cough is a symptom which is due to some underlying, irritative process. Sometimes the physician may decide to inhibit a cough while the patient is passing through a certain period of his illness. On other occasions the physician actually gives a cough syrup not to inhibit the cough but to increase expectoration. To repress a cough when its beneficial effects are desired to rid the body of undesirable material such as mucus will frequently prolong an illness. Too often the cough is doctored instead of the underlying condition, and proper medical attention is delayed for several days of home treatment. The danger of such action when the cough is due to pneumonia is obvious.

Vaccines to be swallowed in capsules or tablets for the preven- *(Continued on page 938)*

Dynamite!

A far cry from the old time apothecary shop, the modern drug store offers many aids to health. Yet people must not use drugs—any drugs—unknowingly

Kaufman & Fabry

Navy doctors have brought modern medical science into the fight against disease in the far islands of the South Pacific

By GERALD A. WAINDEL

SICKNESS IN THE SOUTH SEAS

IN the morning their voices float over the water like the musical sound of the surf. Outrigger canoes, laden with tropical foods and carrying entire native families, glide shoreward. An entire tribe is gathering, as if for kai-kai, or ceremonial feasting. Out of the jungle villages, down from the hills, from across broad Garua Bay, men, women and children of Bola come to Talasea, New Britain stronghold recently captured by American Marines.

In the universally understood Pidgin English, they "Come catchum shoots." These are inoculations against disease, preventive measures generally administered to the native population of every area occupied by United States forces in the Pacific.

To the natives a "shoot" is a panacea for all ills, a cure-all guaranteed by tradition to grow stout muscles, increase fertility and make the timid brave.

The specious claims attached to patent preparations by the pitchmen of early American medicine shows would be a "natural" in salesmanship here. For over forty years, well into the era of German colonization, New Britain natives have received regular medical attention. In the main, this attention is preventive rather than therapeutic.

Since 1914 Australian and English administrators have inoculated native peoples periodically. Now, after a two year lapse in Japanese hands, the natives travel miles each Sunday, tribe by tribe, village by village, to receive injections from Navy doctors attached to Marine units.

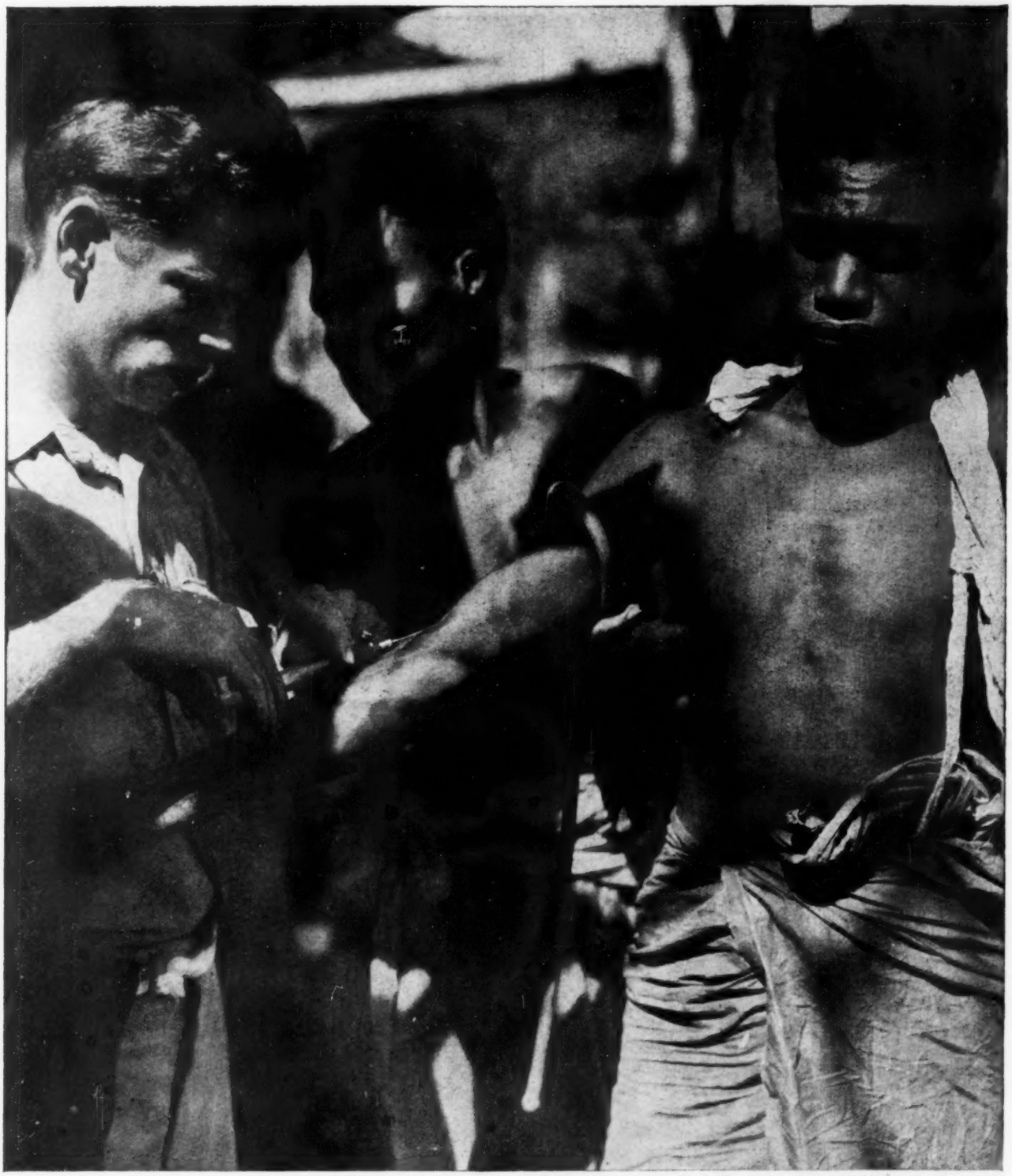
The most prevalent disease is "yaws," symptomatic kin to social diseases common among whites, and yet not a venereal disease. Body sores, or lesions, resulting from this purely tropic malady are similar to those caused by syphilis. Here at Talasea the emphasis is on stopping the inroads of disease gained by two years of forced labor without adequate medical care. Children especially are vulnerable, many already exhibiting gaping ulcers. All have skin ailments. Smallpox and elephantiasis have negligible incidence in the Bola region.

As the patient queues of men, women and children file by the doctor they are given injections of neoarsphenamine, considered less toxic and more easily administered than salvarsan. Three weekly inoculations are considered sufficient. At worst, six months of treatment is deemed necessary.

Dr. Hugh A. McIntosh, 26, a Naval Reserve Lieutenant (jg), was patient, too. The strapping black man in front of him was adamant. He clearly wanted his "shoot." He had wrenched his shoulder and he wanted to get well quickly. He received his "shoot" and was satisfied.

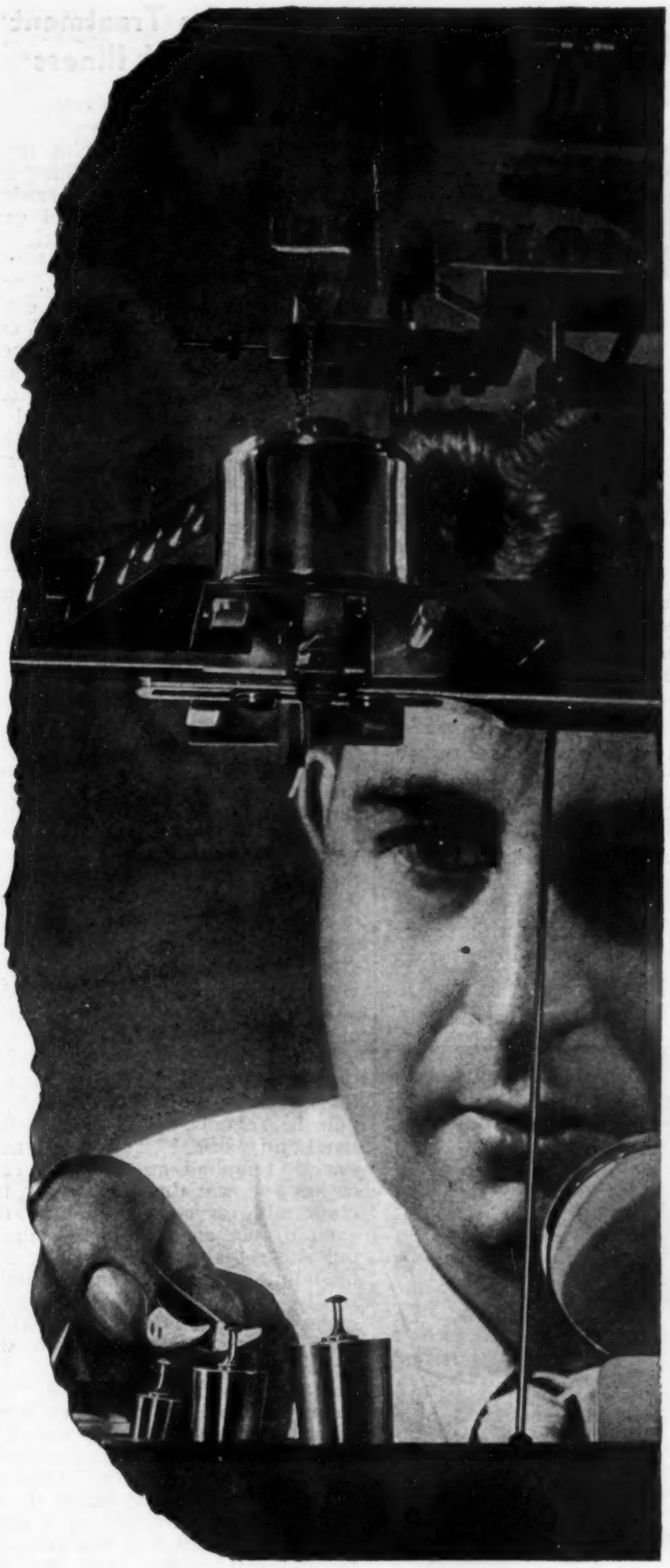
Navy medical officers attached to U. S. Marine Corps units stationed at Talasea, New Britain, have taken over the care of the native population

Medical corpsman takes the temperature of a native "Bola boy" (above). Bola tribes come to Talasea for care from nearby islands (below)



Native boy receives inoculation against disease from Navy doctor as part of new health program

A "medicine boy" painted outstretched arms with iodine and tightened rubber tourniquets. First came the old men, the tribal patriarchs, followed by the younger men. The men had sat apart from the women all morning, watching every move Dr. McIntosh made with a fascination curbed only by their inherent aloofness. Well to one side were the women and their broods of children of all ages. To them the "shoot" was as exciting as a country fair. They gossiped in the shrill cacaphony of their native tongue, admonishing fractious children, suckling their infants—as garrulous as their men were silent. *(Continued on page 953)*



Safeguarding Cosmetic Ingredients

Component parts of all Richard Hudnut preparations are selected through exhaustive laboratory tests and analyses at the Hudnut Institute for Dermatological Research. Only ingredients which have been proved least likely to cause unfavorable skin reactions are used...making these preparations scientifically hypoallergenic. This significant development is typical of the work being done by the institute in advancing the cause of safe and scientific beauty care.

RICHARD HUDNUT

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The *a b c* of DIABETES

What diabetes is. Certain cells in your body—in a gland called the pancreas—produce a substance named *insulin.*

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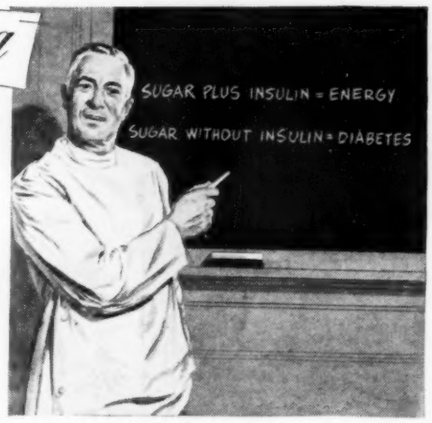
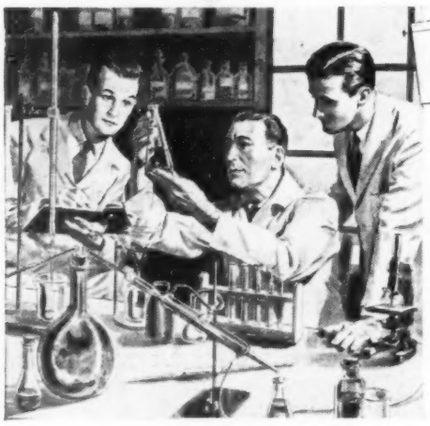


It enters your blood stream and enables your body to store sugar and convert it, as needed, into muscle energy.

Lacking insulin, sugar would simply accumulate in your body. You would become unquenchably thirsty for water to carry this excess sugar from your system —*unused, wasted.* You would be constantly hungry because of the calories lost, and would probably lose weight steadily.

You would have diabetes.



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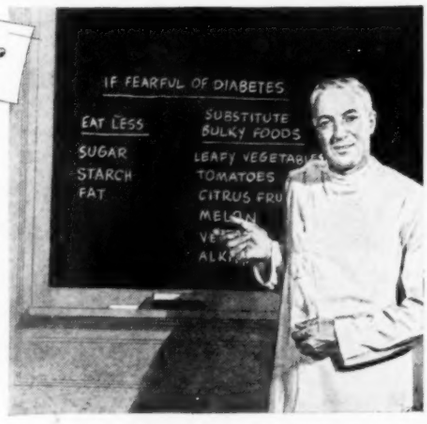
How diabetes is treated. Today, mainly as a result of a miraculous discovery in 1921, diabetics have a good chance of living as long as nondiabetics.

The discovery? That insulin can be extracted from the pancreas of certain animals, and that injections of it permit a diabetic to use the sugar and starches in his diet.

Many advances in insulin treatment have been made since its original discovery. Today most diabetics can live virtually normal lives, with proper diet and exercise and insulin—although not *all* diabetics require insulin.

How to guard against diabetes. Its most likely victims are:

c



1. *Middle-aged, overweight people*—Avoid overweight by limiting the intake of sugar, starch, and fat, and by getting plenty of healthful exercise.

2. *People who have diabetes "in the family"*—Predisposition to diabetes is hereditary. If anyone in your family has had diabetes, you should watch your diet and exercise, and have periodic physical checkups *with urinalysis.*

For more details send for Metropolitan's free booklet—"Diabetes."

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Art in the Treatment of Mental Illness

(Continued from page 901)

inclined to think met with more general approval than anything she had ever done. It was not a critical audience, but their approval gave her greater assurance, which resulted in greater calm.

Donald, a schizophrenic, was only 31—the youngest in the class. There was no background of culture. He had never read much. His parents were Romanian and he had worked for a news agency. Donald had himself committed to the hospital when he realized that he was mentally sick. He was small—had probably always been undernourished.

On the first day I brought a book to the class that was full of fiercely portrayed wild animals. It became the inspiration for a series of animal figures, none of which he had even seen except in the book. They were executed with great simplicity and absolute concentration. After he had completed his second one I made a note of the fact that it had the character of some of the primitive cave drawings of France and Spain. He was the most silent person in the class, seldom accepted a suggestion and always seemed to know exactly what he wanted to do in the development of his simplified, muscular beasts. I let him alone save for encouragement which he did not seem to need at all, though he always received it with a distant smile which was his only change in facial expression in all the time I knew him.

Antoinette was French and had taught in Paris before she came to this country to teach French in private schools. Her family had lived and worked on an estate near Paris. She had an excellent education and was the only one in the class with degrees. She had not even drawn as a child in school, but she set about her carving and modeling carefully and intelligently. Indeed, she was interested enough to read books about sculpture technic. Her approach was always intellectual.

Sometimes her heads of "distinguished" men and women were, I am sure, a concrete expression of her delusion, for she was convinced she was of noble birth. Although she talked very little about it, she was always something of a great lady—an estimate that was accepted by the rest of the class, for her gracious condescension was most convincing. Work in my class was for her a pleasant relief from the monotony of life on the ward.

Maggie was a little old lady of 66. She looked very old, but was really spry. She seemed to have no creative ability and made a collection of clippings from magazines, of pictures that just fit a bar of soap. These she traced and with very careful incisions produced low reliefs. They had no great merit, but her precision was perfect and her persistence and enthusiasm a pleasure to watch. For weeks I tried to persuade her to do something in the round, and finally she produced a small, conventional basket of fruit which really amounted to the carving of reliefs on six sides of the block. Then I gave her some plastic soap and left her alone for an hour or two. That afternoon she got no farther than making up her mind to do a rabbit. But the next class period found her well under way. There was no uncertainty from that time on. The only problem was the matter of keeping her work down to reasonable size and simplicity. To me she was a nice, quiet, little old lady creating something for the first time in her long, drab life and having a wonderful time doing it.

For eighteen years, Emma had performed the same operation in a factory. It was a special fold on an envelope. To do a thing that required a different move each time was a great relief, and she often spoke of it. She is at home now having made several trial visits during the time she was in the class. This return to life with her family was not due to the three afternoons she spent at the studio each week, but they were certainly a contributing factor. Her first carving was a series of very carefully cut sea shells—then some reliefs and finally a head of a child—and a full figure. All this was a slow but steady development, for her mind had been keyed to one operation and so many movements of her own choosing confused her at first.

There were many others just as interesting and as highly individual. Aaron, a moron, did some surprising carving if I could stop him in time—unrestrained he continued to carve until he had no material left. He was a vivid example of the saying in the studios that "it takes two to produce a work of art—one to do it and a second to knock him in the head when he has finished."

Alcoholism had been one of the contributing causes of Carrie's commitment and without the aid of a single drink, she could go on what had all the earmarks of a crying jag. She had been a "weak sister" all her life and always seized on some other patient for moral support in her numerous periods of black despair. In spite of this, she eventually developed a mood of complete relaxation and confidence in her modeling. She could generally sustain the mood if there was some one to tell her it was "swell" at regular intervals. Etta, her constant companion, did this. Etta's hands trembled most of the time, but she was determined and interested so she did her work with quick stabs at the material, referring to the class as one in "soap culture." She did not recover, but she did improve and after a while her hands showed better co-ordination. Who can say that the carving was not one of the reasons?

None of these people produced great art, much of it was not art at all, but they enjoyed being there—I could see it in their faces. It was a relief from the necessary regimentation of a large institution. Each one had created something. Each one had been conscious of improvement in his work. They had all created a few bits of reality, and reality was a sore need in their lives. Too, their work had won the admiration of their fellows.

Despite their illness, their efforts compared favorably with the results one would get from a normal group with similar backgrounds. It would seem that the part of the mind that has to do with the production of art is not often affected by mental illness.

Many psychologists regard art as an escape. Thus, as the normal artist builds up an "escape world" of his own with the aid of his creative impulses and technical skill, these mentally deranged men and women who live in an entirely new world can often find an escape into the world of normalcy through sculpture. Since it is normal, they may find it more satisfactory than the sometimes terrible one they have already created for themselves.

Recently I received a letter from a former student of my class, written from her home in a little village down in Kentucky. She wanted some further instructions and went on to say that she had carved a bear from the soap in the bathroom the day she got home. Few realize the terrific strain of those first few days at home on a "trial" visit. Carving that bear was perhaps the very medicine she needed. I think it was, and I am convinced that it gave her assurance and confidence to face the questioning eyes of the people who knew she had been called "crazy" but was now recovering.

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• A little slip may mean a "little" cut or scrape—and "little" cuts and scrapes can become infected if you "let them go." Iodine on the cut or scratch is safety first. Don't take chances.

Always see your doctor if an injury is serious or if a minor one doesn't heal as it should.

IODINE EDUCATIONAL BUREAU, INC.
120 Broadway, New York 5, N. Y.

IODINE
Foe of Infection

By BARBARA LEONARD REYNOLDS

BETWEEN MEAL SNACKS

GRANDMA kept a full cookie jar on the pantry shelf, where the kids could help themselves and treat the neighbor children. When her sons and daughters grew up they remembered the old cookie jar with nostalgia, but being wiser than Grandma, they knew it was wrong for children to eat between meals and so dispensed with the custom.

And now Grandma's grandchildren are raising a family. The pendulum, after swinging from one extreme of indiscriminate eating between meals to the other of "absolutely nothing to eat until supper time," has now come to rest somewhere between.

Today, authorities recognize that growing children often need extra nourishment sometime in the afternoon. The growing baby is fed every four hours, because his little stomach cannot store enough food to last him for longer periods. The active school child, too, constantly on the go, cannot always stock up at lunch time with enough food energy to carry him through a strenuous afternoon. The child who comes in from school announcing, "Mom, I'm hungry!" is no longer told sternly that he must wait until supper time. Instead, he is offered a glass of milk, or perhaps a sandwich. Sugar lumps and candy, which would take the edge off his appetite for his meal, are, of course, frowned on, as are indiscriminate and constant nibbling throughout the day, which keep his stomach constantly at work.

The mother who plans wisely can make this afternoon snack time more than just a "filler-upper"; recognizing the child's pleasure in between meal nibbling, she can take advantage of this desire to supplement his dietary needs.

A really hungry child will often be willing to eat dry bread without butter when it is accompanied by the privilege of munching it unsupervised. One child, who had consistently scorned salads and raw vegetables when served at meal time, was quite content to nibble carrot sticks outdoors at his play. If it has been a problem to get the child to consume his quota of milk, the afternoon "tea party" offers a chance to supply a needed glassful.

Children, like fathers, enjoy raiding the icebox and preparing their own lunches, but for the sake of the children's health and the state of the larder, this privilege needs supervision.

One solution to this problem can be the after school snack bar, a tray on a low shelf of the refrigerator which can be kept stocked with edibles which not only will take the edge off midafternoon hunger but also will supplement the child's diet without spoiling his supper.

The snack bar can offer a choice of two or three foods each day, selected from fruits and vegetables in season. Bananas, apples, grapes and orange slices are examples. Usually there can be a bowl of raisins or a jar of prunes which have been softened by soaking in boiling water. The victory garden can be called on to yield a choice of raw carrot strips, celery stalks (crisp and washed) cucumber slices, raw tomatoes and so on. One or two of these, each day, arranged attractively on a plate, will tempt even the child who ordinarily abhors "rabbit food," particularly since there is no supervision to guide or force his selection.

Milk, sometimes plain or sometimes shaken up with a chocolate flavoring, lemonade or other fruit punch may be on hand to quench thirst. If a child has difficulty with his milk intake, it is sometimes useful to select one quart for his use alone, marking it with a rubber band or colored string, so that he can keep track of his own consumption and help himself as he desires.

If the child ordinarily has no room for bread with his meals, it is a good idea to keep a supply of whole wheat or soya crackers on an accessible shelf where he can use them to fill up the cracks.

Of course the children enjoy their provender more if they can share it with their friends, but in these days of war scarcity, some foods are hard to come by and cannot be passed out too freely to the neighborhood. For this reason, the

This Palatable Variety . . .

liver, tongue, heart, bacon, bologna, sandwich meat, liver sausage, salami, frankfurters, etc. . . . are of excellent nutritional value not only because of their high content of the right kind of proteins, but also because they are good sources of the important B vitamins thiamine, riboflavin, and niacin.* Their relatively reasonable cost, their palatable taste, and their abundance in the market, recommend that they be served frequently, in every household.

*In a recent article, four eminent scientists of the University of Wisconsin report that Canadian bacon, summer sausage, liver, tongue, and sandwich meat are as good for vitamin B_1 as fresh beef . . . heart was found to be even richer . . . liver sausage is particularly rich in vitamin G (B_2) . . . and for niacin the prepared meats and fresh meat rank about equally high. (McIntire, J. M.; Schweigert, B. S.; Herbst, E. J., and Elvehjem, C. A.: Vitamin Content of Variety Meats, J. Nutrition 28:35, July 10, 1944.)

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

3 pains in a doctor's neck

Here they are—patients who cheat on doctors' orders. The routines they cook up are *something*. For instance, what happens when the doctor finds it necessary to take them off coffee?

Crafty type

Thinks, "Aw, this is *too* easy. How's the doctor going to know if I sneak a cup of Java here and there?" (Wonders why he doesn't feel better; blames doctor.)

Spoiled child

Puts up an argument. Pouts. Says, "But I'm not *human* without my coffee!" Flounces off with an "I-*won't*" set to her shoulders; phones in middle of night because she can't sleep.

Logician

Tells self, "Normally, I drink 8 cups of coffee a day. So if I cut that down to 4, why then I ought to feel *twice* as good as I have been feeling . . ."

Because people are *like* that, many doctors find it a good idea to suggest, "Drink Postum instead."

Postum is a deep-down-satisfying mealtime drink with a hearty flavor all its own. Many people who *can* drink coffee without ill effects actually *prefer* Postum. Postum, a product of General Foods, is made of American grains; contains no caffein or stimulants of any kind.

Postum—ONE OF AMERICA'S GREAT MEALTIME DRINKS

mother may find it advisable to devise some system of markings to help her children know which foods are plentiful and may be shared and which are for their own consumption. Fresh vegetables, during the garden season, are put in the glass ice box dish which means "there are enough of these to go around." The rare bananas that mother sometimes finds in the store, along with more expensive items, can be displayed in a pie tin which announces, "For home consumption only."

Even healthful foods like these, however, can dull an appetite for supper if they are indulged in too freely or just before meal time. The mother herself will be the best judge of her child's ability to limit his intake and can adjust the available supply accordingly. She may set "snack time" at a certain hour in the afternoon, starting after the children get home from school and ending early enough so that the last tidbit must be consumed at least an hour and a half before supper. The kitchen clock can call time; after the small hand has passed a certain mark, the children may understand that the snack bar is no longer available for raids.

The variety and amount of foods may vary from day to day, from one season to another and according to the individual child's needs. For a child recovering from an illness, jellied beef broth, a yeast cake or a dish of jello may give needed food value. A child who needs to gain weight may need a special malted milk shake or a few bread and butter sandwiches.

After a few days trial, the mother will be able to estimate which foods her child needs and how much of them it is safe to offer without affecting his appetite for supper.

The children enjoy the privilege of raiding the ice box without having to come to mother to beg for food. They enjoy the freedom of making their own selections from the two or three foods offered. They appreciate the informality of eating while they walk around, of eating with their fingers, or of carrying their snack outside to enjoy picnic fashion.

No pressure should be put on the child as to the kind or amount of food he chooses for his afternoon lunch. He may take advantage of the snack bar as he pleases, help himself to as much or as little as his hunger demands within the hour that has been set aside for nibbling. Then he goes out to play with renewed energy, and by the time dinner time has rolled around he comes to the table with a good appetite and eagerness for the evening meal.

"9½ to 10 Months . . . Wean Give 3 meals daily and a midafternoon lunch"

Horlick's—the original malted milk—fits perfectly into the weaning program. Prepared with milk or with water, Horlick's contributes to body-building by furnishing milk with nutriments extracted from malted barley and partially predigested wheat flour.

Horlick's is well-balanced in terms of easily digested protein, fat and carbohydrate. Children love its enticing flavor.

OBTAINABLE AT ALL DRUG STORES

Recommend

HORLICK'S

The *Complete* Malted Milk—Not Just a Flavoring for Milk

HORLICK'S

The Irritable Husband

(*Continued from page 903*)

activity are two easily demonstrable phenomena. In man, on the other hand, there is no recognizable cyclical activity cessation of which directs attention to a gradual or sudden change in the activity of the male reproductive organs, the testes. In man, procreative power is usually maintained long after bodily activity and vigor have begun to wane. For these reasons, the so-called 'male change of life' has been rather rarely recognized in the past, and until recently almost nothing has been done for its relief. One must really make the diagnosis by exclusion."

"In view of the things you have just told me, are you *sure* that's what's wrong with me?" Curt queried searchingly.

"Unusually sure in your case, Curt. You see, you gave so many of the symptoms that you left me only a few things with which confusion might occur. And these were readily ruled out by the several simple tests you had."

"Then every person would not have all the symptoms or exactly the same ones I had?"

"By no means. You really have had the more common ones. But some men may complain only of tiredness which is out of proportion to their age and the mental and physical strain under which they are working. Or unexplained or uncontrolled irritability may be the earliest or only disturbance. Or the patient may think he has heart trouble because of the shortness of breath, the fast beating of his heart and fleeting pains through the chest. Or he may think he has kidney disease because of difficulties with voiding. You see, Curt, the imbalance which may occur in men at your time of life produces rather widespread changes which we are accustomed to put into groups according to the functions or parts of the body affected. For instance, a patient may have *nervous* symptoms, like the jumpiness and despondency of which you complain; or there may be personality changes in which a formerly sociable person draws more and more into himself; or unfounded fears may arise; and at times self condemnation has been seen, even to the point of prompting self destruction.

"A second group of symptoms occurs because the circulation is disturbed. Here we put the fast beating of the heart you told me about, and the cold, clammy sweat I noticed on examining you. Others may have flushes of heat to any or all parts of the body, or dizziness, or spots before the eyes, or even ringing in the ears.

"Some people, a very small minority, I believe, consult the doctor because of loss of *sexual power*—and by the way, that is the one of all these manifestations for which we can do the least. Look here, I had no intention of giving you a lecture."

"On the contrary," interrupted Curt, "I want to know more about the way in which a changing activity of the sex gland can so profoundly disturb every part of the body."

"Well, Curt, since the beginning of history, it has been known that alterations in the male sex glands of both man and beast have a profound influence on bodily growth and vigor. The increase in size of the animal and a variation in quality and texture of the meat were probably the original motivating influences in such procedures as the castration of steers and the caponizing of chickens. The increased growth of the eunuchs of olden days needs no comment, but it is less well known that such a state was almost invariably associated with a loss of both mental and physical vigor."

"Do you mean, doctor, that the male sex gland has a function other than reproduction?"

"I mean precisely that, Curt. It secretes a substance called testosterone, which, aside from its ability to stimulate the formation of sperm, is responsible for a number of important effects in the human body."

"Can you explain them to me?"

"Yes—at least some of them—for much of our knowledge is still fragmentary, and some observations have given conflicting results. In the first place, the body's utilization of nutritional elements such as sugars, proteins and fats is improved, so that the total bodily activity, or metabolism, as we call it, is speeded up."

"I think I follow you. In my own case, for instance, I am always tired because something is lacking which should make the energy of the foods I take more readily available to my tissues."

"In a rough way that is right," agreed Dr. Terry. "Perhaps I can be more specific and tell you of experiments which show that some of the symptoms you have had and others that I have just told you about have a common background. But in doing so, I must emphasize the fact that some links in the chain connecting experimental work and your symptoms have not as yet been forged.

"Let us consider for a minute the loss of concentrating power and the confused state of mind of which you complained. When testosterone, the male hormone, is deficient, stores of tissue sugar, or glycogen, are reduced. This affects the action of the brain and the heart more than that of any other structures, as they are more dependent on steady supplies of this glycogen substance than any other parts of the body. So you see how these facts may explain why some people complain of mental fatigue and others of heart trouble, even though no actual disease of either the brain or the heart exists."

"Do these same facts account for my extreme physical fatigue, Dr. Terry?"

"In part, I think so. But in addition, the strength and actual volume of muscle tissue seem to be influenced by the sex hormone as a result of its influence on the body's use of protein food. Carefully controlled experiments have shown that the body retains more of the building blocks—particularly nitrogen and phosphorus—which go into the making of muscle and other tissue. Moreover, when this hormone is supplied to an individual previously known to be deficient, the tone of his muscles is improved, and his ability to perform work without fatigue is greatly increased."

"Does this apply to all the muscles of the body?"

"Yes. At least at the present time we think it does, although this fact is by no means fully proved. For instance, let us consider the vague urinary complaints I mentioned a few moments ago. There is a dragging feeling in the lower abdomen at times; at others, there is a 'never-get-done' sensation connected with voiding the urine. In still others, the bladder must be emptied frequently. Now, all these symptoms are probably due to a lack of tone in the muscles which are known to control the collection and later ejection of urine by the bladder."

"A few minutes ago, you told me that a deficiency of the hormone caused trouble with the circulation. Has this been explained?"

"In part. That is," added the doctor, "all clinicians are agreed on the symptoms which occur, but there is wide difference of opinion as to the exact manner in which they are produced. You see, Curt, the sex gland, like all the glands of the body, does not act alone but in conjunction with the others. Indeed, under certain conditions

Photo by U. S. Army Signal Corps, England, 1944

No dishpan germs for G. I. Jane!

Why? Because her mess-kit is *disinfected* after every washing! One 3.4-ounce charge of Mikroklene "loads" 25 gallons of water, gets 200 mess-kits *germicidally clean.* Procedure is simple—a wash in soapy water, a rinse in clear, then a quick dip in powerful Mikroklene solution.

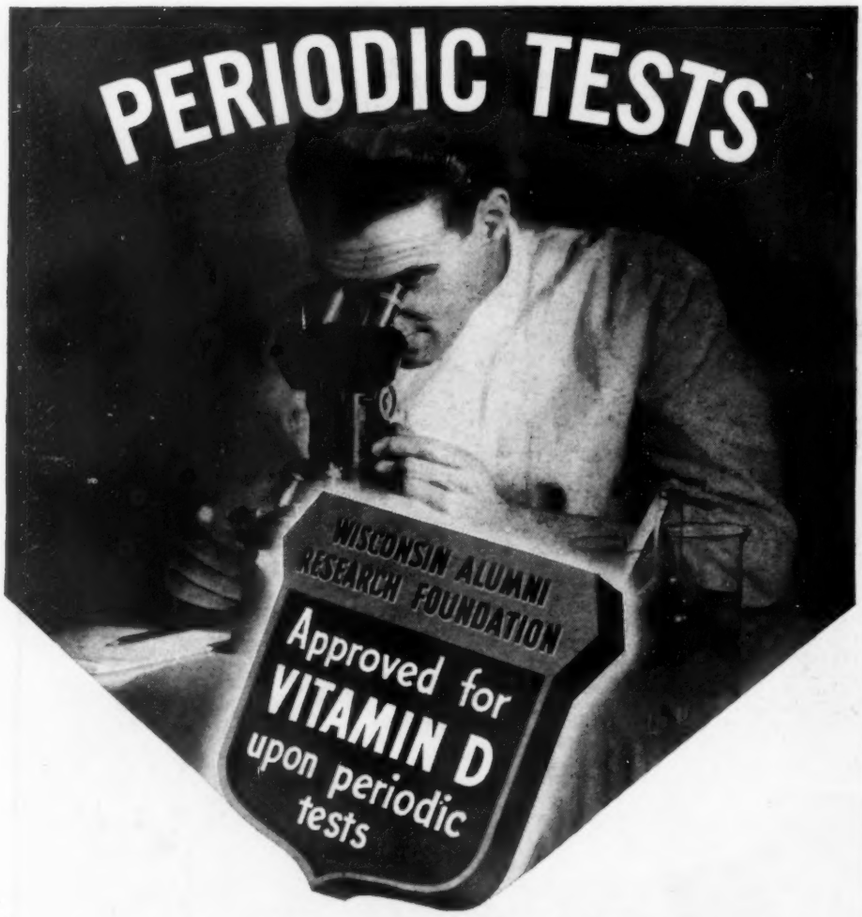
Speedy, easy, effective—Mikroklene is slow to become inactivated, maintains a high chlorine content even in the presence of soap, food residue, other organic matter. Thanks to high wetting and slow run-off properties, the rinse solution covers instantly, stays on longer, does its work more thoroughly.

Now proving itself in the Army, Mikroklene soon will head for home. Then, serving restaurants and institutions, this germicide will *easily* disinfect hand-washed silver, glasses, dishes — will *effectively* sanitize refrigerators, food mixers, stationary equipment.

MIKROKLENE

ECONOMICS EL LABORATORY, INC.

MAKERS OF SOILAX, SUPER SOILAX, TETROX • GUARDIAN BUILDING, ST. PAUL, MINNESOTA



. . . in back of this seal

Every food and drug product bearing this Seal is rigorously tested in the Foundation laboratories at regular intervals. These check-ups make certain that the products have full potency to help bring health and well-being to you and your family.

For twenty years this Foundation has carried on this program of research and testing. It licenses only products of definite value. That is why the Foundation seal has won the complete confidence of the Medical profession and the public. Look to it for your added guarantee.

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some of its functions can be assumed by them."

"Then that is why 'the change of life,' as you call it, may have so many different and varied ways of expressing itself?"

"Precisely, Curt—so many ways that I cannot recount them all now. I think, however, I have told you enough to let you see that no one symptom points to the change of life—either in the male or in the female—but all the facts must be pieced together to justify such a diagnosis. Moreover, all confusing conditions must be shown not to be present before treatment can be undertaken with confidence."

"Then there *is* a treatment? Will it prevent the breaking up of my family?" Curt hastened to ask.

"One question at a time," parried Dr. Terry. "There most assuredly is a very satisfactory treatment. That's why, at the beginning of our interview, I told you I had good news for you. If your symptoms are due to the 'change of life,' we can promptly and completely relieve all of them. And what's more, it appears that you can be continuously kept free of them."

"How?"

"I have told you, Curt, that the change of life is due to an imbalance of the glands of the body in which alterations in the sex gland play a leading role. Science has been able to produce on a commercial scale an active principle of this gland which relieves most of the distressing symptoms of the male change of life."

"That's certainly good news to me! But—what about Mary threatening to get a divorce? Can the treatment stop that?"

"I'm no prophet," chuckled Dr. Terry. "I do know that the medicine will relieve the symptoms which have led to your domestic infelicity. The rest will be up to you. But there is one word of caution. In cases of this kind which have actually reached the divorce courts, it is fairly common to find that not one but both marital partners are undergoing changes in glandular balance. Such changes make them 'not themselves.' If Mary is not feeling well, I think it would be wise for her to have some attention too."

After a pause, the doctor continued: "Will you go along with me in following the treatment I have suggested?"

"Of course! I'll do anything to be my old self again."

Several weeks later Curtis Hunt and Dr. Terry were together again in the latter's office.

"Doctor," began Curt, "I have felt better ever since the first few days of treatment."

Have a "Coke" = ¡Adelante con la musica!

(GET IN THE GROOVE!)

. . . or getting along in Guatemala

Music makes friends among our Latin-American neighbors, just as it does here at home. There's another custom that helps make friends even faster. It's *the pause that refreshes* with ice-cold Coca-Cola. *Have a "Coke"* is an invitation of welcome as quickly understood in Guatemala as in Georgia. In many lands around the globe, Coca-Cola has become the same symbol of friendliness that it is in your own living room.

Coca-Cola
-the global high-sign

"Coke" = Coca-Cola

It's natural for popular names to acquire friendly abbreviations. That's why you hear Coca-Cola called "Coke".

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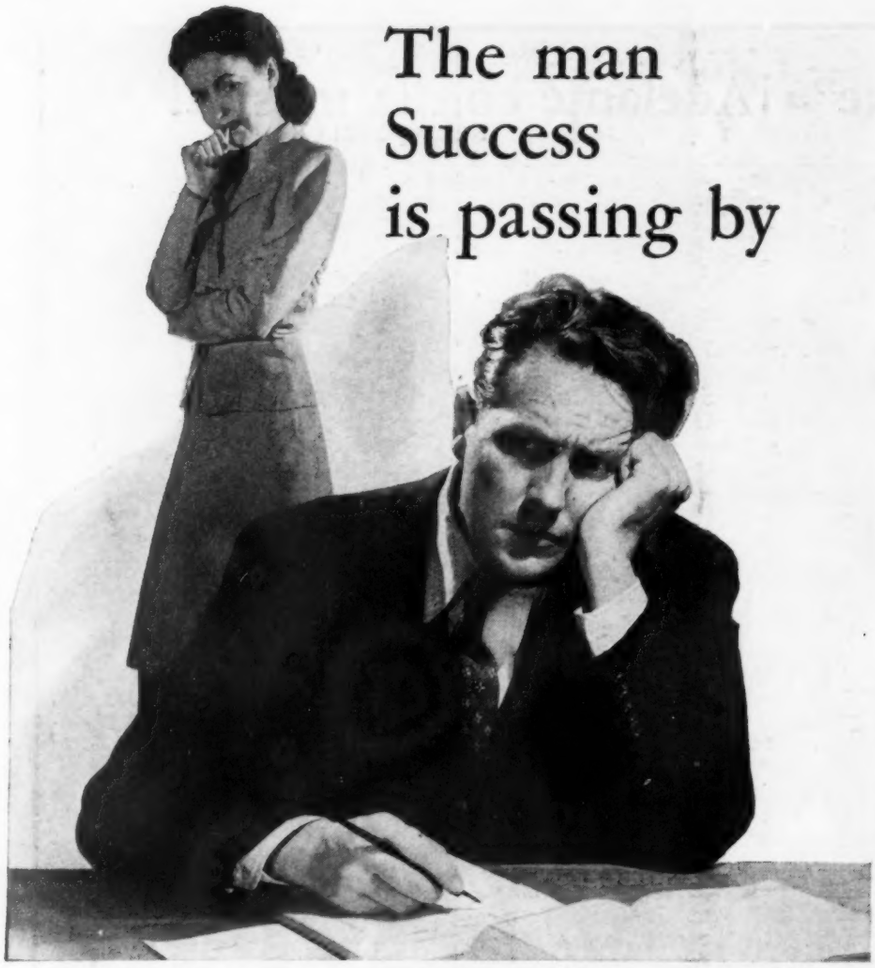


The man Success is passing by

You may be this man—*and not know why*—because your eyes can fail so slowly that you may not realize how much they isolate you from a real chance at success. Yes, "visual isolation" is a burden that robs so many people of vitality. Through the strain of trying to *see*, they suffer with "nerves", fatigue, headaches and turn sour on the world. To learn if your eyes need help, seek that help from the professional man who specializes in eye-care. His office is near your home. See him soon. *Better Vision Means Better Living.*

Smartest Thing in Eyewear

Pictured here is a *Shurset Ful-Vue* mounting, an ultra modern design styled by Shuron. As strong as it is smart, this mounting holds professionally prescribed lenses in positive alignment with maximum security, a feature that has won favor with millions. When glasses are prescribed, ask for *Shurset* by name.

Shuron

SMART EYEWEAR

"I'm glad, Curt. Has the family noticed a difference also?"

"I should say so. You know, Dr. Terry, it all seems like a nightmare."

"What does, Curt?"

"I mean my excessive irritability and nervousness, and my fantastic thoughts of a divorce."

"Well, Curt, it is a nightmare to the person going through it. It is true that excessive irritability may have a wide variety of causes: overwork, overworry, or almost any chronic illness like diabetes, kidney trouble or some low grade infection. Common among the infections which are hard to recognize are undulant fever, an abscessed tooth and a chronically inflamed sinus, gallbladder or appendix. However, when unusual irascibility occurs in a man of previously happy disposition between the ages of 40 and 65, who has been repeatedly pronounced in good health after thorough examination by competent physicians, then we feel justified in ascribing his symptoms to the change of life.

"For many years an entirely analogous condition has been readily recognized and well treated in the female. More recently the science of medicine has made possible a similar and equally effective treatment in the male. About ten years ago, a Scandinavian chemist synthesized a new hormone identical to that normally occurring in the sex gland of the male. Since that time medicine has made rapid strides forward in discovering the profound effects of this hormone in the human body. As a result, the physician today can approach treatment of the change of life in the male with as much confidence as he has for years cared for the correspondingly distressing period in the female."

Scarlet Fever

increased 56% in four months this year

SCARLET FEVER itself is serious—and its after-effects may be tragic.

Just a *mild* case of the disease can leave your child with bad hearing—even total deafness. Or chronic kidney trouble can result . . . possibly heart disease.

That's why the 56% increase in scarlet fever cases in just four months this year is a matter of grave concern to physicians and health authorities.

Wouldn't you feel easier in your mind if you knew *now* that your child was protected against scarlet fever attack?

Ask your doctor about the Dick Test

It is recommended that children should be immunized against scarlet fever *not earlier* than 18 months of age. The Dick Test shows whether or not *your* child should be inoculated against the disease.

If your doctor *then* advises the scarlet fever inoculations, you must give him your wholehearted co-operation—for five inoculations are necessary.

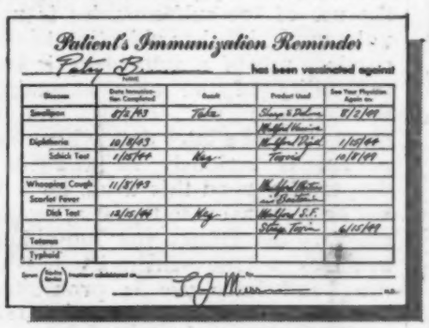
But, when you stop to think that scarlet fever may mean deafness or some other chronic ailment for the rest of your child's life, the inconvenience of five or six trips to the doctor seems a very small matter.

So follow your doctor's advice if he suggests immunizing your child against scarlet fever. And ask him to give you the Immunization Record Card with the dates filled in when you should bring your child back.

By a simple skin test, your doctor can tell whether your child is in danger of catching scarlet fever or not.

This Card May Save Your Baby's Life!

Don't trust your memory. Join the Mothers' Immunization Reminder Club, now totaling over 2,050,000 members. All you have to do is ask your doctor for an *Immunization Record Card*. This card will tell you *what* diseases your baby can be immunized against . . . and remind you when to take him back to the doctor for additional immunization or re-immunization. Get this card *today!* Keep it where you will be sure to see it at least twice a year.



Patient's Immunization Reminder

Patsy B. has been vaccinated against

Disease	Date Immunization Was Completed	Result	Product Used	See Your Physician Again on
Smallpox	8/2/43	Take	Sharp & Dohme	8/2/49
			Mulford Vaccine	
Diphtheria	10/15/43		Mulford Toxoid	1/15/44
Schick Test	1/15/44	Neg.	Toxoid	10/15/49
Whooping Cough	11/3/43		Mulford Bacterial Products	
Scarlet Fever				
Dick Test	12/15/44	Neg.	Mulford S.F. Streptococcus Toxin	6/15/49
Tetanus				
Typhoid				

Given (Doctor's Name) number abdominal on [illegible] M.D.

Ask your doctor for this record card today. Join the Mothers' Immunization Reminder Club.

Sharp & Dohme supplies these cards to physicians free upon request. They are in two parts—one for the doctor's own records and one for you.

* * *

JUST OFF THE PRESS! New booklet on immunization...gives facts every mother should know about children's diseases . . . their special danger for babies . . . their harmful after-effects. Tells you what methods of protection can and should be used. A **free** copy of this booklet will be sent on request. **Write to** Sharp & Dohme, Department H-12, Philadelphia 1, Pennsylvania.

Sharp & Dohme

Makers of Dried Blood Plasma—a development of Sharp & Dohme Research—as well as Sulfa Drugs . . . Vaccines . . . Antitoxins

Falling high chairs cause many serious and fatal accidents each year. Your Baby is much SAFER in a BABEE-TENDA Safety Chair because it is low and can't be tipped or pushed over. A Safety Halter Strap positively prevents Baby from climbing out. A very important feature is a SANITARY one-piece top. It has no sliding panels with grooves and cracks to catch milk and food and breed dangerous germs or pinch your Baby's fingers. The foot rest is rigid, adjustable and locks at the proper angle. BABEE-TENDA Safety Chair is highly recommended by leading Baby Specialists, Hospitals, and Nurses. It is 22" high by 25" square. Can be used outdoors and is easily rolled from room to room. Folds compactly for traveling. Later, after Baby outgrows the seat, it can be converted into a sturdy play table

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SOLD ONLY DIRECT TO YOU . . . THROUGH AUTHORIZED AGENTS. WRITE FOR FREE INSTRUCTIVE FOLDERS AND NAME OF NEAREST AGENT

THE BABEE-TENDA CORPORATION
730 Prospect Ave., Dept. HM Cleveland 15, Ohio

Drugs Are Dynamite

(Continued from page 921)

tion and treatment of common colds are receiving much publicity. But regardless of this publicity and the claims made, oral "cold vaccines" are of no value in the prevention and treatment of the common cold. Aspirin is one of the drugs most commonly used by the public, and probably the least offensive. Nevertheless, it too can cause undesirable effects in those who are hypersensitive to it, and unless otherwise ordered by the physician its use should be restricted in those who are seriously ill or who seem sensitive to this agent. Vitamins have a useful place in the treatment of vitamin deficiencies but are not advisable for routine use, as such use is an economic waste. Vitamin preparations should be used only when a vitamin deficiency is diagnosed or when certain dietary restrictions exist. They are not cures for "that tired feeling," body aches and pains or colds.

Because of the remarkable effects of sulfanilamide and its derivatives there has been much demand by the public for its more general use. While these agents are aptly described as miracle drugs when used properly, they are capable, nevertheless, of causing toxic reactions in the body, and only trained medical skill can reduce such reactions to a minimum and treat them effectively when they occur. It has been necessary to classify the sulfonamides as drugs which should be sold only on prescription, yet regardless of such restrictions these compounds are freely used by the public whenever extra tablets are found lying around the home medicine chest. The possible dangers include effects on the brain, blood, skin and kidneys. Death following the use of the sulfonamides is not unknown. Another objection to the careless use of a sulfa drug is the possibility of the user becoming resistant to its actions, which means that at a later date when that person is seriously ill and may desperately need this drug, he will not be responsive to the drug's good effects. Sometimes the individual acquires a true sensitivity to the drug and later use is prohibited because of toxic reactions. It is felt that such sensitivity follows even the careless use of ointments made from sulfa compounds.

Skin rashes, sores and infections come from a variety of causes. The diagnosis may be difficult under the best conditions; the treatment is often equally troublesome. While most skin conditions will disappear if left alone or simply protected with a clean white cloth, a few persist; to attempt to treat these may aggravate the trouble and result in an infection that takes weeks instead of days to heal. The skin is sensitive to certain chemicals, and if these are improperly applied to inflamed areas they may be extremely irritating; their use may simply add to the existing trouble.

Some years ago preparations for the reduction of fat were more freely sold and used than they are today. It is understood now that reduction of weight is something that cannot be undertaken lightly, as body harm may result. Thus there is less demand for this type of preparation, although undoubtedly the teacher and nurse are approached on occasion to give advice on reducing. One of the best bits of advice that can be given is: "Do not take drugs for reducing unless they are ordered and administered under the supervision of a physician." Overweight may be due simply to overeating, or it may be due to serious physiologic upsets such as endocrine dysfunctions.

It is evident that prescribing drugs for the treatment of illness should be left in the hands of those who are specially trained. This means that the administration of any active drug should remain for the physician, although specially trained people such as nurses may in many instances give drugs on a physician's order or under his supervision. If a person complains of chills, fever, cough, pain in the chest, nausea or other distressing and warning signs, he should be sent home with instructions to go to bed promptly and remain quiet until these symptoms have disappeared. Then he should be carefully watched. If the illness is severe or unusual or becomes rapidly worse, a physician should be notified without delay. Above all, no drugs should be administered unless they are ordered by the physician or his advice concerning their use has been sought. Any sickness which does not merit special medical care will disappear without the intervention of drugs, which at best provide a little comfort and at worst cause more serious illness. Any patient who is sick enough to require drugs is sick enough to need the attention of a physician.

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Are We Fit?

(Continued from page 911)

success in civilian life, had to be turned down on the strength of reports, histories or findings indicating probable inability to make a satisfactory adjustment to military surroundings or to withstand the mental and nervous exposures of combat service. That this was done cannot be accepted as evidence of a generally poor state of mental health. If anything, it is evidence of the scientific care with which selections were made to avoid prohibitive future breakdown rates.

The fact that about a third of the total rejections were attributable to these "mental" reasons takes on new significance when it is known that nearly half this whole group were men found to be mentally *deficient* rather than mentally *ill*, and that most of the mental deficients were simple illiterates. Certainly this knowledge is of interest from the standpoint of health, since illiteracy will always be a serious obstacle to the improvement of public health. But Selective Service rejections chargeable to illiteracy reveal a problem which is primarily a cause for concern about the educational, not the public health and medical, resources of the nation.

Certain other factors having nothing to do with health had their influence on statistics which have been credited exclusively with health significance. The deferment without examination of men trained in essential occupations excluded many from consideration who would have raised the general health score. Few men were drafted out of the nation's steel mills, for example; yet it is unlikely that many men conditioned by years of pushing heavy loads of manganese and dolomite across open hearth floors at temperatures around 110 F. would have been found seriously deficient physically. Too, the early deferment of married men without examination obviously resulted in a disproportionate concentration in the statistics of venereal disease and other physical and mental conditions disqualifying for marriage. Of the first two million men examined for Selective Service, 47 out of every thousand had syphilis. But the best estimate of public health authorities places the syphilis rate for the population as a whole at only about half that number, and proper weighting of the fact that the rate is excessively high among Negroes and in certain other groups further emphasizes the dangers of drawing general conclusions from the over-all figures. Similar breakdowns of the rejection statistics by age and racial groups, geographic area and other classifications would underscore broad differences in the true meaning of the results of the examinations from section to section and state to state across the country and among various social and economic groups in any one locality.

Plainly, the same kind of factor must be considered in interpreting the results as they point to the status of medical care in America. A high rate of dental defects, say, among the young men in one county may reflect the absence of a dentist; in another it may mean simply that the people haven't known or cared enough to have their teeth examined and fixed. To say that it means either one thing or the other without knowing much more than just the rate is obviously unsound. Clearly, then, it is absurd to argue that the rejection rate for the country as a whole is proof of inadequate medical care for the country as a whole.

Approximately one out of six rejectees was found to have some remediable defect. Failure to have the possible correction made in any case may have been due to inability to obtain the necessary medical service. But it seems likely that in many more cases the failure was probably due to lack of interest, unwillingness to accept treatment (as from fear of an operation), lack of knowledge that the condition existed, failure to understand the importance of correction, or—where economic conditions barred treatment—lack of knowledge of the provisions made, through public and private agencies and clinics, for those who are unable to pay for needed medical service.

If the Selective Service results make any one broad need apparent, it is the need for health education designed to reach Americans in school, at home and at work, in social, civic and other groups, with information about health and disease and with instructions on what the individual needs to do and can do to improve health and fitness. A splendid start toward the achievement of this educational objective has been made in the national program outlined by the Joint Committee on Physical Fitness of the American Medical Association and the National Council on Physical Fitness. The important message which comes directly to every American from the physical examination findings of Selective Service is this: Find out what the physical fitness program is for your community (your doctor or the physical education director at your school or high school or "Y" can tell you), then give it your support!

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QUESTIONS AND ANSWERS

Sex Stimulation

To the Editor:—Will you give me some information on the sexual development of our son, aged 10? My husband and I are very anxious that he be perfectly normal in every way. He gets a definite sexual stimulation out of seeing a girl dressed in boy's clothes or vice versa. This distresses us very much. I know it is perfectly natural with him (not cultivated), because the first time he mentioned it was when he was 5 years old and he and a friend were "dressing up" in some dresses and high-heeled shoes of mine. He has mentioned it many times but I haven't blinked an eye. I'm afraid it is becoming stronger with him. His life has been average—we know of no abnormal people in the family. I have answered his questions on sex as he has asked them, and we've tried to be good parents. He has a good mind, makes good grades in school, and reads much beyond his years. What should we do?

Washington.

Answer.—From the information contained in your letter it is impossible to state the seriousness of your boy's problem. The impression to be gained from reading this description of your boy is that he is a normal, well developed, rather advanced lad for his years. The inference is that his physical development is not unusually precocious for his age, such as to suggest any glandular imbalance. If there is any question as to this, he should be examined by your family physician, who should know the boy and be best qualified to advise you.

Probably you have been worried about the possibility of homosexuality. This could be determined only through adequate examination by a psychiatrist. Even if there were a homosexual trend, it would not necessarily prevent marriage and an otherwise happy life.

There is certainly nothing unusual about a boy of any age showing consciousness of sex, on occasion, and I wonder how often this boy has had opportunities to see boys dressed in girl's clothing, or vice versa. If this happens often enough to make his reaction to it a matter of concern, then factors are present in his environment that are not commonly present to act as emotional stimuli with most boys of his age.

You have acted wisely in not telling the boy that his sexual experience is abnormal. He should be encouraged to engage in normal, healthy, boyish activities. If he is given a normal environment and normal associates and his curiosity is reasonably satisfied, I should feel that there is no cause for distress over his reactions, and the less said about them the better. If the matter continues to be a problem, competent professional advice should be sought.

No Glow!

To the Editor:—I am interested in learning whether or not there is any truth in the statement regarding a skin disease or infection which would cause a person's skin to glow at night. I wonder if you have any instances on record of this phenomenon?

Indiana.

Answer.—As far as we can determine, there is no skin disease or infection that causes a person's skin to glow at night. Under a special light called the Wood light, hair infected with the ringworm fungus gives a fluorescent, or glowing effect under light at the sites of the fungus. This light is therefore used in diagnosis and to determine the effectiveness of treatment of scalp ringworm.

Ectopic Pregnancy

To the Editor:—A pregnancy began in a fallopian tube and a hemorrhage resulted; a blood transfusion was given. Does this mean that a future pregnancy is inadvisable? Has this caused damage to the tube which nature will be slow in repairing? Will sterility result from this condition? Has the two to three months embryo been removed by the hemorrhage or will the pregnancy continue and develop normally now—that is, could the embryo now have descended normally and attached itself to the uterine wall?

Texas.

Answer.—Pregnancy in a fallopian tube usually results in a rupture of the tube and a tubal abortion within the first three months. Surgical removal of part or all of the involved tube usually is necessary, but there are many instances in which the hemorrhage is not excessive nor prolonged and recovery without surgery is possible. Rarely will an abdominal pregnancy follow this type of tubal abortion. If the patient referred to above recovered without surgery it is probable that she had this type of pregnancy. There is no reason she should not try another pregnancy as soon as her physician has determined that she is normal again.

The ovum, or egg, normally becomes fertilized in the fallopian tube and then, as the early stages of development occur, it passes into the cavity of the uterus, where it becomes attached or embedded. The uterus meanwhile has undergone certain changes necessary for this attachment. But if the fertilized egg should become attached to the wall of the tube and then later become detached, as happens in tubal abortion, it could not pass through the narrow isthmus of the tube into the uterus. Of course, it is advisable that the patient referred to consult her doctor for further examination and advice before trying another pregnancy.

Undescended Testicle

To the Editor:—In a patient 20 years of age the right testicle is up in the inguinal canal (undeveloped) and the left is in its proper place fully developed. What are chances of the testicle now dropping into its proper place? If it does, will it develop normally? Can it do any harm where it is at present? What do you think should be done about it? It does not bother or cause pain in any way; it will move down when pushed but will not stay down. California.

Answer.—The chances that the testicle will descend into the scrotum are very, very remote at the age of 20. It is difficult to answer

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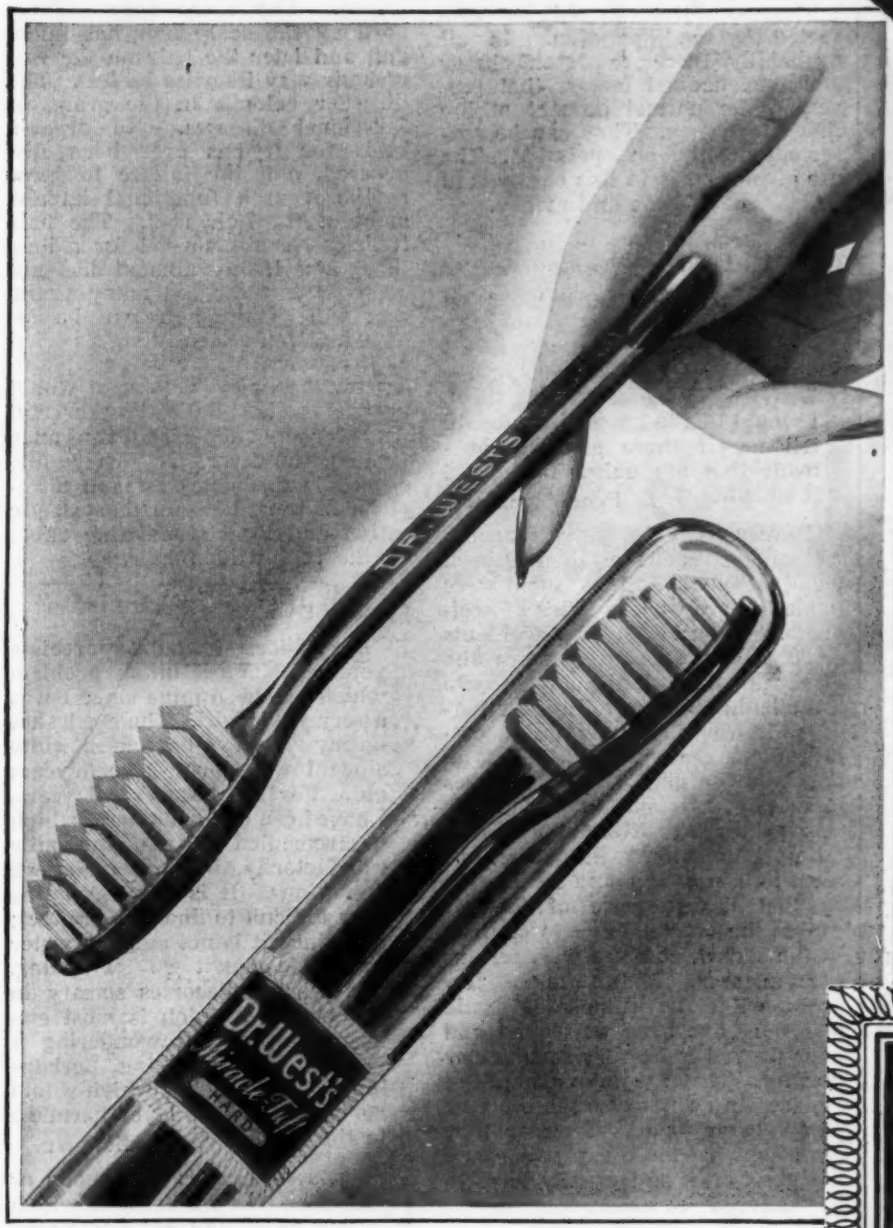

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the question of whether or not the testicle will develop if it should descend into the scrotum. The continued position of the testicle outside its normal location leads to atrophy, and the longer the testicle has remained in its abnormal position the less likely that it will regain its function.

The testicle can do no harm where it is. However, the opinion seems to prevail that these testes are more prone to injury, and statistics seem to indicate that they are more frequently the seat of malignant disease than are testes normally placed in the scrotum.

The condition should be corrected by an operation. In all probability there are present one or more mechanical factors that prevented the normal descent at the time of puberty. They can be corrected only by an operation. The use of hormones in this case would be a waste of time and money.

Artificial Eyes

To the Editor:—I have worn an artificial eye for twenty-five years. For the last two years I cannot wear any because they burst while I am wearing them. I would like to know if you could tell me if there are any eyes made that are unbreakable, and if so, where? Pennsylvania.

Answer.—Up to very recently, artificial eyes have always been made of glass and as such were liable to have various kinds of accidents. The most common accidents were of course caused when the eye slipped out of the fingers onto a tile bathroom floor. In some persons, however, the natural secretion from the eye socket has an effect on the glass. In some cases it merely roughens the material; this makes the artificial eye irritating. In others, the secretions seem to thin the glass in some areas so that the pressure of the air causes the artificial eye to explode in the socket, at times with serious consequences. Within the past few years, artificial eyes made of plastic material have been developed and have proved to be very satisfactory thus far. They are unbreakable and apparently do not corrode the way many glass eyes do. However, they are somewhat more expensive than the glass ones and usually have to be "tailored" to order.

Alopecia

To the Editor:—From time to time I have read articles on new discoveries in the field of medicine. I am now writing to you to find out if there is any information that might throw a ray of light on this problem:

My niece—age 16—has had alopecia for five years, having no hair whatsoever on her entire body. I was wondering if you knew or have heard of any recent developments or experiments toward the cure of that affliction? Rhode Island.

Answer.—The condition in question is known as alopecia universalis. It usually starts in the form of small bald patches on the scalp, a disease known as alopecia areata. The areas may enlarge until all the scalp hair has fallen out, and later the hair on the rest of body may likewise be lost. The disorder belongs in the group of functional diseases. No organic basis for it has ever been discovered, and the failure to grow results from a functional impairment of the hair root. The hair follicles remain normal for a long time, and if the ailment has not been present for too many years, regrowth of the hair can be induced. Even after as long a period as five years, it may be possible to regrow the hair. Treatment would necessitate hospitalization; careful study for any endocrine disturbance (which, however, is rarely discovered); adequate rest and ultraviolet therapy, both for its systemic action and local stimulating effect on the regrowth of hair.

Eyelash Dye

To the Editor.—I would appreciate your assistance in a problem which has been mine since I was a very young girl. The eye lashes on my right eye have been white since I was about 2 or 3 years old. For the last several years, I have been using mascara, which has remedied the situation quite satisfactorily, but not under all conditions. It is now becoming very difficult to find this product; and since it is not entirely water proof, I cannot go swimming, and often it becomes smeary in hot weather, which is most embarrassing. I am wondering if you know of anything, perhaps in the form of a dye, which would be waterproof and yet harmless to the eyes. Michigan.

Answer.—There is no remedy or preparation that we know of which is water proof and entirely harmless for use on the eyelashes. It is our experience that preparations containing a dye are irritating for some persons, and we know of none that can be recommended for every one.

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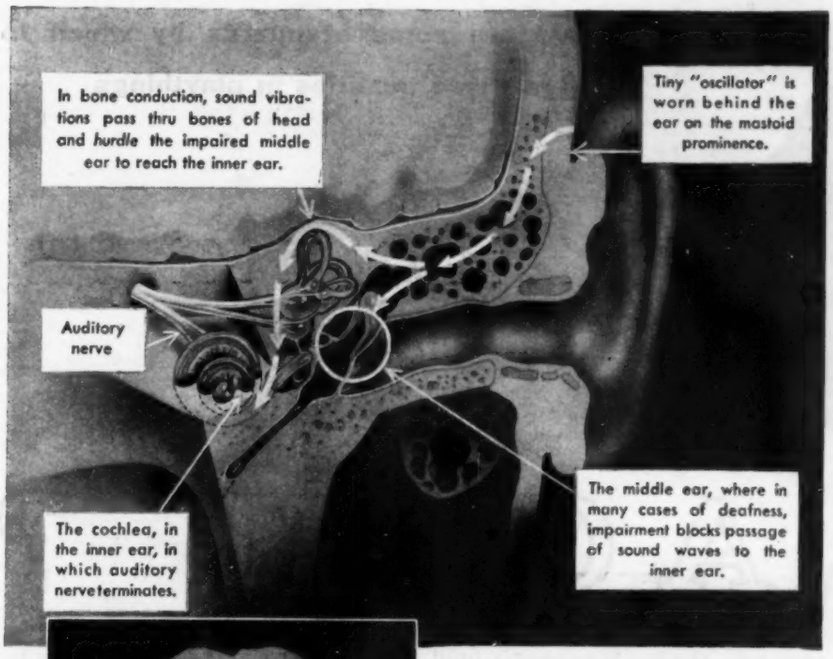

Bone Conduction *(above)* was first made practicable by the invention of the bone conduction oscillator on which Sonotone holds basic patents. It transmits sound vibrations through the bones of the head, and is always fitted BACK OF THE EAR.

Air Conduction *(right)* has been in use by Sonotone and others for many years. It transmits the amplified sound waves through the *air* passages of the ear, and is always fitted IN THE EAR.

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Today when you see that little button *back of a man's ear*, say to yourself . . . *"there's another man who has more fun living because of a Sonotone invention."* And a man for you, perhaps, to imitate! For if you are having difficulty with your hearing, or if you ever tried a hearing aid and didn't get the help you hoped for, it may be that you need Bone Conduction.

In your choice of a hearing aid, the maker is as vital as his instrument. What has he done in the *hearing aid* industry? For over 15 years Sonotone has concentrated entirely on the field of better hearing, and has continuously carried on extensive scientific research on hearing aids and made notable pioneer improvements in their design, fitting and servicing.

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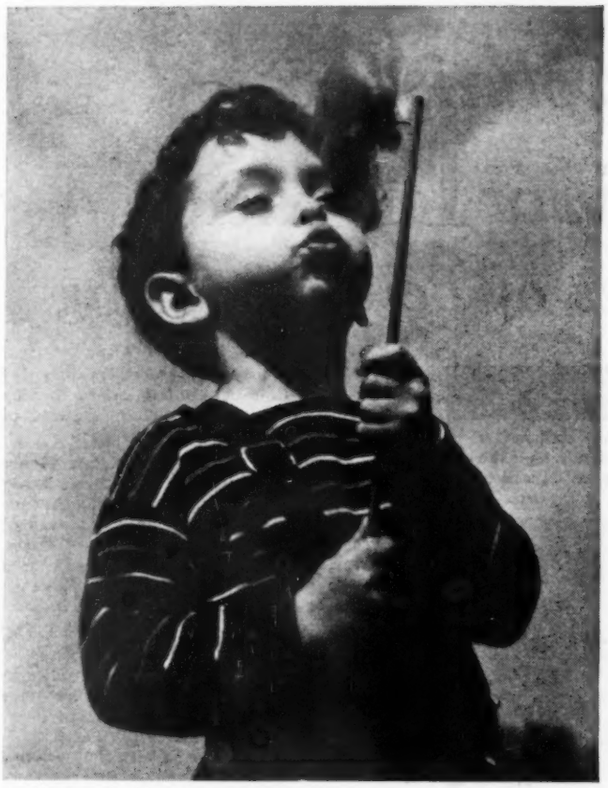

George A. Thompson

A good toy must be safe, of lasting quality and easy to keep clean. It should "grow with the child," lending itself to new uses as the child gains new abilities. Here are some standards by which to judge these qualities in playthings

By LOIS K. IDE

What Is A Good Toy?

THERE are certain physical features that a toy must have before it can be considered a good toy. Each of the following features must be carefully considered when one is purchasing or making toys and play materials. All toys should: (1) be of good quality—durable and well built; (2) be easily and effectively cleansed or sterilized; (3) be safe—nonpoisonous dyes, no sharp edges, nonsplintering wood; and (4) stimulate activity in the child himself.

Toys should be of good quality, durable and well built, for three or four reasons. Toys with these qualities afford the child more benefits because such toys will not be easily broken; they will stand the wear and tear a child always gives them and teach him good quality. The cheap and poorly made toy soon falls apart, no matter how hard the child tries to take good care of it. This breaks down his self confidence, and he loses all interest in trying to keep his toys in good condition. Many times, too, the poorly constructed toy will not work as it is meant to; pegs will not fit into the holes provided, parts jam and will not move as intended. The toy is so poorly built that the child gives up in disgust after struggling in vain to get it to work.

It is the way in which the child uses toys or materials that changes at different ages rather than the type of toy used; thus it is wise to choose a durable, well built toy which will last over a period of several years instead of a toy which will undoubtedly wear out before too much good has been derived from it. The gradual change in the use of blocks and dolls, which are both well known toy favorites, exemplify this development. During the fourth and up to about the seventh month of life the infant merely grasps the block, holds it a few moments and drops it—to have it picked up and handed to him to grasp, hold a moment and drop again. By 8 months to a year the blocks will be held in both hands, pounded together to make a noise and thrown to the floor. At 1 to 2 years, the toddler carries the blocks from place to place, stacks them in steeples of two or three and begins to load and unload them on wagons or trucks. At 2 to 3 years, real building begins; the child places blocks in rows and gradually builds a small tower, then knocks it down. At 3 the child is beginning to build and name his structures. Then the structures gradually become detailed, until by 4 years real, dramatic play begins. Chairs large enough for the child to sit in are built, and dramatic play continues to develop and becomes more complex. This development continues as the child grows older. The same type of block may be used throughout these progressive changes in the use of blocks. This play activity continues and develops and may even lead to definite architectural and engineering interests in adulthood.

Similar changes take place in the use of a doll. From 18 months to 2 years, the child carries the doll around by the head, arm or leg wherever she may go. At 3 she puts the doll in and out of bed, pushes it in its carriage or pulls it in her wagon; at 4, interest is shown in dressing and undressing her "baby" and social, dramatic play begins, with tea parties and similar activities. By 5 years, dramatic play, such as "playing house," is well established, and imitation of family life

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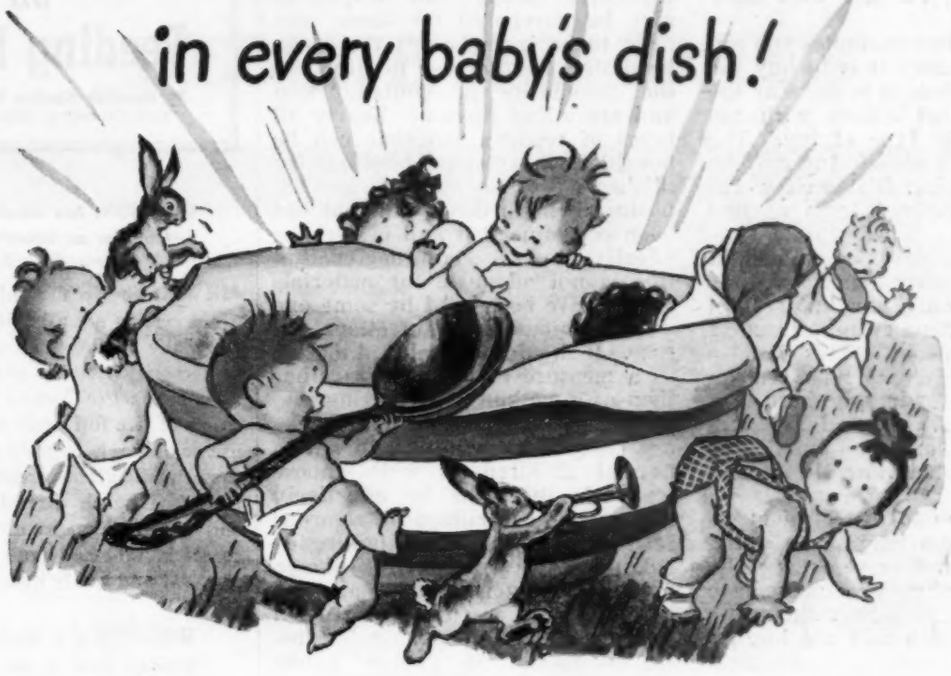

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Babies need all the special baby foods we can make. So please use them only for babies, not for anyone who can get along on ordinary fresh or prepared foods.

CLAPP'S BABY FOODS

is characteristic. Dramatic play continues after that and becomes more complex. The little girl soon begins to sew for her doll, then for herself, and so begins definite steps toward caring for her own baby and child.

From these two examples you can see how necessary it is to buy the best quality, since it is the way the toy is used that differs with age rather than the type of toy. The initial cost of a quality toy may be much greater, but it is well worth the benefits derived from a good toy.

Moreover, a durable, well built toy of good quality material can be used by not only one but several children—perhaps even children of several generations. This is also an important factor to be remembered by those who purchase toys for institutions. A good toy does not lose its glamor and interest to a child, no matter how old or simple it is.

All toys should be cleaned as necessary. This may mean daily, or perhaps even more frequently. All toys at one time or another have to be cleaned; thus they should be of material which will not lose its beauty or usefulness when cleaned. Wooden toys can be cleaned satisfactorily by using a brush and hot, sudsy water. Plastic and metal toys can also be cleaned with brush and soapy water. Of course, they should be rinsed and thoroughly dried before they are reused.

Cloth toys should be so made that the outer covering can be removed and washed. Few cloth toys can be satisfactorily cleaned unless they are of this "split skin" variety. Cloth toys cannot be baked, because at the heat necessary to kill bacteria it is impossible to avoid burning the material. Rarely is a cloth toy so constructed that it can be washed along with the other laundry without the stuffing becoming knotted, leaving the toy out of shape. Most dry cleaners will not accept all types of stuffed toys because they, too, are unable to clean them satisfactorily. Animals and toys stuffed with excelsior and made of extra heavy material can be sent for dry cleaning, however. Oilcloth or leather stuffed toys can be cleaned by the ordinary soap and water method. Soft, cuddly toys have a definite value, but it is advisable for the soft toy to be given to one child for his use only rather than for several children, since it cannot be satisfactorily cleaned.

There is no way in which ordinary paper books and magazines can be sterilized. Baking has been attempted, but baking discolors and burns the paper pages, and then the paper soon crumples and is of little value. Books and magazines of value are best not given to children with infectious diseases, either in the home or in the hospital. Inexpensive books and magazines may be purchased for those who have to be in isolation; these can be destroyed after use to eliminate the possibility of contamination and spreading disease. Nearly all types of reading materials can be bought in inexpensive bindings for this purpose. Airing books and exposing them to direct sunlight has been recommended and is perhaps effective to a certain degree, but this is not adequate for materials which have been used by some one with a contagious or infectious disease. It should be employed merely as a measure of cleanliness rather than as a method of sterilizing.

When giving toys to children—especially those who are ill but to normal children as well—choose materials that can be effectively cleansed and sterilized by rigorous scrubbing in hot water, boiling or baking. Wooden, metal, plastic or cotton materials may also be cleaned with a 5 per cent lysol solution. (This percentage is caustic to hands, so rubber gloves should be worn when washing toys with this solution.) The toy should be soaked in the solution for not less than two hours and overnight if possible. It should then be rinsed well in warm water until all the lysol is rinsed out, then dried thoroughly. This method of cleaning is good for materials used by the child during a contagious or infectious disease.

All good toys are safe toys. Several factors must be considered in judging the safety of a toy. First, the paint must be nonpoisonous. All infants and small children have the "hand to mouth" reaction—that is, the tendency to put anything and everything into their mouths. Chewing toys is also common, and if the toy is painted with a poisonous dye this is extremely dangerous. Dyes are of many kinds. The vegetable dye is perhaps the very best. Before purchasing commercial toys, know the type of dye used. When you are making toys in the home select a vegetable dye for painting.

Usually, we think of a wooden toy—any wooden toy—as being a good toy. But there are great differences in woods as well as in paints. Many types of wood, such as eastern yellow pine, northern white cedar, douglas fir, black ash and butternut, are brittle and splinter easily. A dirty splinter of wood imbedded in a finger, hand or foot can be painful and dangerous, since an infection may readily result. This possibility can be ruled out by

Question Box on Feeding Babies

By Meredith Moulton Redhead, Ph. B.
Baby Counselor of Heinz Home Institute

QUESTION: Are whole-grain cereals suitable for an infant's diet?

ANSWER: They're not only suitable—whole-grain cereals are a great deal better for a tiny baby because they are so much richer in necessary vitamins and minerals. That's why Heinz Pre-Cooked Cereal Food (the result of five full years of research) makes use of only whole-grain cereals. Of course, these whole-grain cereals are scientifically processed by an exclusive Heinz method and thoroughly pre-cooked so that the cereal is light and fluffy in texture, easily digested and really delicious.

QUESTION: If a whole tin of Heinz Strained Food is not eaten at one meal—must the remainder be served the next day or is it all right to skip a day?

ANSWER: Skip a day if you like or if the baby seems bored with the same dish twice in succession. Our tests here at Heinz kitchens have shown that the vitamin values of Heinz Strained Foods hold up very well when food is kept *closely covered* and *in the refrigerator.* Heinz Strained Foods are exceptionally high in the precious nutrients your baby needs—because the vegetables are grown under the supervision of Heinz own agricultural experts and are rushed at the peak of goodness from fields to nearby kitchens. During every step of their preparation the most rigid controls are exercised. That is why they look, taste, and *are* so good—all 17 of them.

QUESTION: Are Junior Foods suitable for use as soups for the pre-school child?

ANSWER: Yes. Several varieties of Heinz Junior Foods may be regarded as condensed soups, including Heinz Lamb and Liver Stew and Heinz Chicken Farina Vegetable Porridge. Add an equal quantity of milk, season mildly with salt and heat. They make delicious, nourishing soups for the older child.

57

KEEP TO YOUR BABY'S ROUTINE DESPITE HOLIDAYS

By Meredith Moulton Redhead, Ph. B.
Baby Counselor of Heinz Home Institute

OF COURSE, you want your baby to have the best Christmas ever . . . ! But don't forget that a very little excitement (from our grown-up point of view) may be too much for a young child . . . A mass of toys will confuse rather than delight him. Let him play with one or two at a time . . . And do make sure that he gets his naps . . . and his regular meals at regular meal-hours . . . No matter how busy you are—you needn't worry about your baby's meals when you depend on Heinz Baby Foods. You can always be certain that a great deal of time, home-like care, skill and scientific knowledge of the highest order go into every variety. Backed by a 75-year-old tradition of quality and good cooking, Heinz Pre-Cooked Cereal Food, Strained Foods and Junior Foods provide holiday meals for babies, work-holidays for mothers every day of the year.

57 *Notice the difference in flavor, color and texture of—*

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automatic-electric

MAJOR VAPORIZER

$3.50 Retail MODEL NO. 891-A

Doctors have long recommended this method of treating colds, croup and bronchial ailments for both children and adults. Any suitable medicant such as tincture of benzoin or oil of eucalyptus is placed in the top container, and water placed in the base quickly turns to steam. The steam picks up the medicant vapors and carries them to the patient. When all water has turned to steam, current shuts off automatically. **Thus there is no fire hazard.** The vaporizer steams for 30 minutes on a single filling of water.

Also usable as a

BABY BOTTLE WARMER

The Hankscraft Vaporizer does double duty when it functions as a baby bottle warmer. Three teaspoons of water are poured in base and when all has turned to steam bottle is at feeding temperature. Production of this vaporizer is limited—get yours at your drug, electrical or infants' store today.

For Baby's Colds and Croup Use

THE HANKSCRAFT VAPORIZER AND BOTTLE WARMER

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MODEL NO. 1013

This smaller model operates on the same principle as the Major Vaporizer, has the same automatic shutoff feature. However, it steams for a shorter period per filling. This unit too is usable as an automatic-electric baby bottle warmer. Attractively packaged, this is the ideal baby gift. Limited production prohibits fulfilling the great demand for this nursery essential but you will find it in most infant, electrical and department stores.

HANKSCRAFT COMPANY, MADISON WISCONSIN

selecting toys which are made of woods that do not splinter easily. Other woods—such as white ash, cherry and hickory—are too hard and tough to work with hand tools to make into toys. Basswood and yellow poplar are ideal for wood carving and for toy makers. Both woods are soft with fine, soft and straight grains. Cucumber wood is also excellent for carving and toy making. It makes an excellent wood for carving as it has a fine, close texture, with a fine and straight grain. Cucumber trees grow from New York to Arkansas, southward to Alabama and northward to Illinois. Ash is used to make baseball bats but is much too tough to work with hand tools. Sugar or hard maple is used to make bowling pins as it is hard, tough and strong. White lauan mahogany, an imported Philippine hardwood, is used to make cigar boxes—from which we make many toys.

Metal and especially mechanical metal toys often have exposed, sharp points. Such a toy must be avoided since small cuts on fingers and hands can result and these often become infected. All toys with sharp points should be selected with regard to the child's age and understanding. No toys such as scissors, knives, pencils or needles should be given to children until they are old enough to understand their use. Rounded scissors may be given to the small child and their use explained and guided, but they should not be left with the child until he plainly understands how they are used. Large, "jumbo" crayons should be the first type of drawing tool to be given the child. The chronological age at which this is an appropriate toy cannot be stated, because children's mental ages vary widely; play materials may be given only after considering the individual child. One 3 year old may thoroughly understand the use of pencils, while another would not.

The size of toys must also be taken into careful consideration. For the infant and small child a toy with parts small enough to be put into the mouth and swallowed, or into the nose or ears, must be avoided. Some forms of plastic toy come in small parts but are fastened securely together in a ring; these are satisfactory—they can be chewed but are impossible to swallow, since the whole toy is much too large. Too large a toy is also poor, since many times they are too heavy or too awkward for the child to manipulate.

A good toy will stimulate activity in the child. The mechanical toy that is wound up and goes around a circle and across a bridge, around

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and across over and over again, is an excellent example of a poor toy for stimulating activity. All the child can do is turn the key and watch the toy perform its repetitious feat. It may possibly suggest to him another type of toy that he can make from other materials, but as far as the one particular toy is concerned, nothing more is possible; he soon loses interest in it and goes on to another.

With a good toy a child can do many things. One activity will lead to another, interest is sustained and much is learned from the one toy. Many toys can be mentioned as examples. A wagon, for instance, is this kind of toy. The child can ride in it as he can pull others in it. He can load his toys in it and carry them from place to place; he can play "car" in it; he can hitch his dog to it and have the dog pull him; he can help mother bring home the groceries in it; he can build sideboards for it like the ones on father's trailer and carry many things in it that way; and there are many other things that he can do with this one toy.

Building logs are also an example of a toy that can stimulate activity. An ordinary log cabin can be built. When this is finished the child may realize that a shed for the livestock which they had in log cabin days must also be built. Then father may suggest a corduroy road. The child builds until he has made a complete pioneer unit. A covered wagon is necessary, so with a box, wheels and cloth he constructs a wagon to go with his village. He must have horses to draw the wagon, so out come scissors and paper and toothpicks. All this was stimulated by the use of log building blocks.

Dolls, crayons, all kinds of blocks, clothespins and a multitude of other play materials can have the same power of stimulation. A good toy will stimulate the child's imagination. Try to choose one with which the child can do something, and not one that has few potentialities.

Perhaps the most important thing to consider in caring for toys is a place to keep them and a proper place for each toy. Every child is entitled to a closet, a chest, a room or at least a corner of room in which his belongings can be put away and not disturbed except by him. As soon as he is able to understand the meaning of play and toys he must be taught where to keep his toys and how to place them. A toddler, when finished with his push and pull toy, must be taught where it belongs. This requires rigid training and patience on the part of the parents but is extremely important and will be of much value to parent and child alike when he grows older. Orderliness taught at an early age will continue through life. Lack of this kind of teaching will also become more and more apparent as the child grows older.

For the child in the hospital or sickroom a toy bag should be available either at the foot or at the head of the bed, in which he can put all toys not in use. A bedside stand is also convenient. Untidy beds strewn with toys add to the child's confusion and portray lack of understanding on the parent's or nurse's part. Simply because the child is ill and in bed is no reason he should feel his toys can be any place and every place. If he is well enough to play he is able to put things in their proper places. Orderliness is just as important during illness as at any other time, if not more so. Otherwise a child is likely to take advantage of the situation: "When I'm sick I can do anything I feel like doing. I don't have to put my toys away." The next step, later, is: "Mother, I don't feel well—do I have to put my things away?"

Another important consideration in caring for toys is knowing how to take care of them. Before toys are put away they should be properly cleaned and placed. Here are a few examples of what should be done with various materials.

Blocks must be arranged in orderly fashion in their box and the lid replaced before the box is put away on its shelf. Crayons must be put carefully in straight rows in the box. If any are broken these may be mended by encircling the broken area with a strip of glued paper. Water color boxes must be washed clear of color and the brushes washed out thoroughly in clear water and dried. Coloring books must be carefully closed, the pages not crumpled. Doll house furniture must be placed in orderly fashion either in the house or in a box. Glue and paste bottles should be cleaned and the lids should be replaced properly. Pens must be cleaned in water and dried. Waste from erasers must be brushed from the table and cleared away. Newspapers should be used for protecting the table top or floor if messy play is anticipated, such as play with paints, glue, paste or saws. Needles should be replaced in needle books or cushions and scissors in their proper place with the blades together.

Of course, the child should be taught why it is important for his things to be properly cared for and put away. All these points and many others must be taught as new activities are presented.

Sickness in the South Seas

(Continued from page 924)

After each injection, the doctor chose a newly sterilized needle, spent a moment or two in friendly "talk-talk" with the tribesman, then carefully administered the drug. Lieutenant McIntosh studied at the University of North Dakota before graduation from Rush Medical School, Chicago. Assisting him in these weekly rituals is Pharmacist's Mate Second Class Toxey (cq) J. Bryant, U.S.N.R., 36, of Los Angeles, Calif.

Partly responsible for the natives' confidence in the American doctor is Warrant Officer Emery R. E. Eustace of the New Guinea Volunteer Rifles, of Campbelton, Adelaide, South Australia. A New Guinea planter for more than a decade, Warrant Officer Eustace now is associated with the Australian New Guinea Administrative Unit which controls all natives within Australian mandated territory recovered from the Japanese.

After four hours and the last stolid, unblinking child had been treated, the natives gathered in the well kept village for a feast of tropical fruit, boiled rice, taro root, yams and freshly caught fish baked in large banana leaves deep in the smoldering ashes of the fire.

Again the men and women separated. Tribal laluais, or chieftains, consulted with their tul-tuls, or police boys, on village administration. They had counted the number of injections by notching a long pole. Because so much palaver must accompany dealing with the natives, the four hour total was only 150. More would come in for treatment in the afternoon, they said.

The tul-tuls knew which natives had finished their treatment, which should continue coming. Scores come every week anyway, just for the social occasion the "shoot" affords.

After lunch there was a burst of activity. Young men went out in outriggers with small parcels of explosives prepared by Warrant Officer Eustace to blast entire schools of fish for food.

The younger women, their supple bodies glistening, splashed along the shoals beyond the black sand beach in search of clams and mussels, tasty tidbits for the next meal.

Through them all, Dr. McIntosh moved unobtrusively, noting their physical condition, planning their medical future. Uncle Sam had come, and with him medical care.

Betty talks to herself!

Betty: I wonder if Tampax really is the marvelous improvement they say it is for monthly sanitary protection.

Herself: *Why not try it and find out? Your reasoning mind says O.K. It appeals to your common sense . . . Are you hesitating only because it seems so different?*

Betty: Perhaps you're right... Come to think of it, the more alert and progressive among my friends are the ones who use Tampax!

Herself: *Anyway, how can all those millions of Tampax users be wrong? Especially with a doctor-invented product like this?*

Betty: That's a challenge! Why should I be the one to hang back from adopting a modern, scientific improvement? I'm going to use Tampax this very month!

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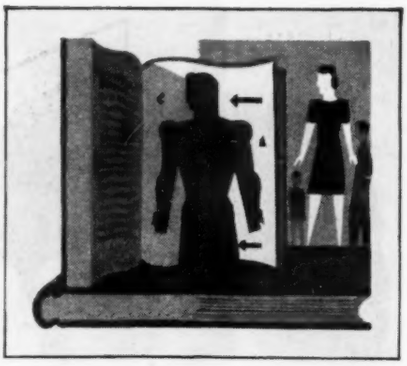

NEW BOOKS ON HEALTH

Organizing to Help the Handicapped

By T. Arthur Turner. Cloth. Price, $1.00. Pp. 165. Elyria, O.: National Society for Crippled Children, Inc., 1943.

With public interest in the problems of the physically handicapped on the increase, and with the resultant increase in the number of volunteer workers, this guide will be helpful and timely for lay and professional workers in voluntary associations for the crippled. Herein are outlined: (1) the public programs now in operation for the physical, vocational and educational benefit of crippled children; (2) the programs of state and local associations and their relation to government agencies in the same field, and (3) the structure and administration of associations for the physically handicapped. There is an excellent bibliography. The author has brought between the covers of one volume much valuable and informative material. The book is easily readable, and an attitude of objectivity has been maintained throughout. PETER J. A. CUSACK.

Principles of Nutrition and Nutritive Value of Food

By Henry C. Sherman. Paper. Pp. 40. United States Department of Agriculture Publication No. 546, 1944.

This booklet is a condensed and simplified presentation of the important facts relating to nutrition which are discussed at greater length in the numerous texts written by this recognized authority. This publication stands out among many others now available because of the utter simplicity of style and the conciseness of presentation. The use of numerous illustrative examples and comparisons in the text as well as tables and figures for reference definitely adds to the value of the work.

The title accurately describes the material covered. Following the introductory description of energy requirements, the basic food elements, minerals, and then the vitamins essential to man are considered. Subsequently the various food groups are taken up, particularly with respect to the contribution which each class of food makes to the well rounded diet. The need for increased consumption of certain of the protective foods, as revealed by dietary surveys, is pointed out and the benefits that an improved nutrition has to offer in the way of increased efficiency with greater and longer enjoyment of life are discussed.

This presentation of the sum and substance of modern nutrition should have wide usefulness because of its general appeal to all types of readers. The content of scientific facts should interest the professional reader, yet not confuse the less well informed. The booklet can be particularly recommended as excellent teaching material for elementary nutrition work. GEORGE K. ANDERSON, M.D.

Home-Built Electric Dehydrater

United States Department of Agriculture Publication, 1944.

This publication describes in detail the materials and layout for the building of a home made food dehydrator. Step by step instructions are given for assembling the drier, with its eight wire mesh trays and thermostatically controlled electric heating unit capable of maintaining a temperature of 150 F. Most of the materials should be available at present, although the electrical equipment consisting of a ¼ h.p. motor, thermostat, wiring and heating elements might prove difficult to obtain. Any home mechanic should have no trouble building this box.

Directions for preparing the fruits and vegetables suitable for processing in the drier are included in the pamphlet. Sulfuring of light colored fruits to prevent darkening and steaming of vegetables to inactivate enzymes are advised. Dry-

ness tests are given for the numerous kinds of foods recommended for drying. The directions provide an adequate guide to assist the ingenious home maker in the preservation of surplus fruits and vegetables. GEORGE K. ANDERSON, M.D.

Understanding the Young Child

By William E. Blatz, Ph.D. Cloth. Price, $2.50. Pp. 278. New York: William Morrow and Company, 1944.

This book by the well known professor of child psychology of the University of Toronto is written "primarily for parents and for any who help parents in the important task of child rearing." The author particularly had in mind the training of students in a nursery training school in London staffed by Canadian educators and psychologists who were offering their aid in meeting the wartime-created problems in the care of children. It is a systematic and well organized presentation of the development of the young child, in keeping with the author's earlier excellent publications. It is written, as is to be expected, primarily from the point of view of the educator and is more useful to the student in the field of education than to parents.

Since the author specifically repudiates psychoanalytic concepts of child development, it is not surprising that the work seems a bit thin with respect to the discussion of the fundamental interplay of child and parent and the meaning of this relationship in child development. From the point of view of the reviewer, this imposes a serious limitation on the usefulness of the work. Nevertheless, the author's wide educational experience and his great familiarity with the child in the nursery school are abundantly reflected so that the student in education will find much to reward him in reading the book.

GEORGE J. MOHR, M.D.

Healthful Living for Nurses

By Harold S. Diehl, M.D., and Ruth E. Boynton, M.D. Cloth. Price, $2.50. Pp. 534. New York: McGraw-Hill Book Co., Inc., 1944.

This book is an excellent guide to personal and community health and may well be recommended to every nurse in the profession. The authors cite clearly the essential standards for the maintenance of good health. They give the reader a pattern for analyzing facts and superstitions. By means of this material it is possible for the student to understand the scientific principles which govern healthful living. A great deal of useful material is appended in the form of charts and tables.

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A woman makes a fundamental mistake when she copies another instead of studying her own characteristics and creating in her manner and appearance a touch of individualism that transcends mere prettiness. Unless animated with personality, prettiness can be a disappointing quality.

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When a woman lacks personality we think of her as being colorless, for color is the most outstanding visual aspect of personality. For this reason great care should be given to the selection of make-up preparations.

Suitably selected and artistically applied, make-up—rouge, powder, lipstick, etc.—imparts animation as well as color, for in a fine sense the two are synonymous. When selecting make-up, personal characteristics should be studied with view to enhancing your visual personality through the medium of a color scheme that is at once natural-looking and individualistic.

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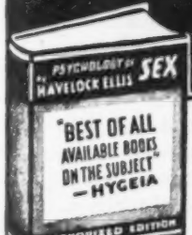

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Rest Cures for "Convoy Fatigue"

(Continued from page 915)

ing may be used as a final test of recovery in the Rest Centers for seamen who have had convoy fatigue. The film contains bits of many bombings, with lots of real battle noises, and has been put together just to test the seamen's nerves when the doctor thinks he is ready for it.

Some seamen are in a fairly jittery state when they arrive at the Rest Centers, according to Dr. Powdermaker. But their industry-related activities successfully supplement the medical and psychotherapeutic treatment. "The final index of the success of this work," said Dr. Powdermaker, "is when the seamen start taking part in the educational work that goes with the psychologic first aid, such as handling lifeboats, learning to swim and studying first aid. The center's final success is apparent, too, when seamen start making things to take back to sea with them, such as wallets and ditty (carry-all) bags."

Seamen in the Rest Centers are also given material with which to make things, and they do wood-burning, wood carving and metal work, weave belts and make ship models.

Important emphasis is given in the Rest Centers to human relationships, in the belief that these will return to the seamen some of the confidence that his war experiences may have taken from him. As Dr. Powdermaker explains this, "The sea in peacetime is the place where the seaman is at home. Many seamen have been at sea for years, and the sea is the place where they are most comfortable. Suddenly the sea, his refuge, becomes a source of potential and real dangers and a source of inner conflict. As one man said, 'The sea isn't kind to me any more.' "

The Rest Centers have found that friendliness from people living in towns where the Rest Centers are located has contributed greatly to the seamen's rehabilitation. At Gladstone, N. J., neighborhood women have organized groups, and they give parties, bake birthday cakes, give dances and put on amateur theatricals, bingo games and other recreations. Similar friendliness is shown by Oyster Bay residents and by people living near the Rest Center in San Mateo County. Some people show their private movies at the centers. The seven Rest Centers for merchant seamen are located at

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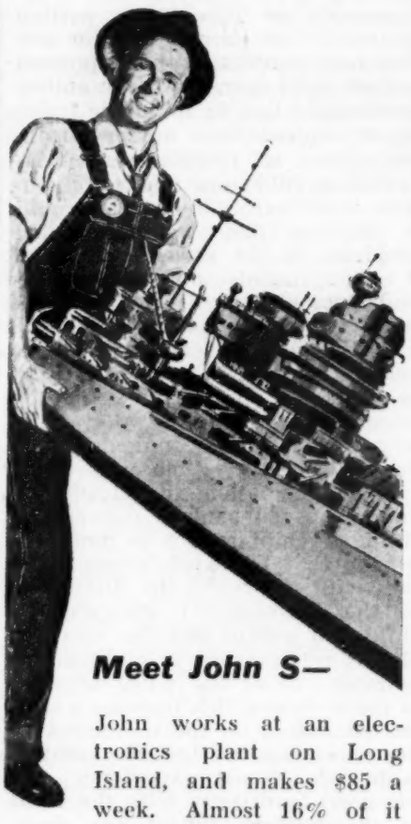

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Experiments in educational work with psychologic orientation have already been made by many educational groups and by some individual physicians. It is believed that after the war, this kind of work can be used to benefit many thousands of civilians already possessed, or potentially capable, of neurosis, if some of the experiences resulting from war medical treatment are followed.

"The experience of doctors at the Rest Centers has led them to believe that group therapy, which was used to some extent in civilian practice before the war, can have a much wider significance," says Dr. Powdermaker. "Work at the Rest Centers has not shown that neuroses, either in civilians or in war casualties, can be cured by education, or even that they may be benefited by it. But the experience in group therapy has led Rest Center doctors to believe it probable—though not proved—that educational work similar to that undertaken at the centers will have preventive value."

People who have contributed to community war funds for the National War Fund can be proud to know that they have helped make these Rest Centers possible.

Help for Vets

(Continued from page 892)

The medical divisions of the armed forces give excellent services in restoring as fully as possible the health of men who are wounded, but the restoration may be incomplete when he returns in case of nervousness, severe wounds or some other ailments which are long and drawn out. In fact, many men are discharged during convalescence so that they may have the invigorating benefits of home, friends and a congenial job. Professional help should be obtained. Problems should not be allowed to drag on. Most nervous ailments respond well to treatment. Social workers can help with family and social adjustments, vocational counselors can aid in the choice of training or employment.

10. Let your own faith and spirit be your chief stock in trade. He needs chiefly an encouraging onlooker and a traveling companion. He has to make his own way, but he will get on faster if he knows you are betting on him and if he sees that you enjoy even his small successes.

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Music

(Continued from page 897)

of blood vessels, skin and muscles, deeper respiration and a feeling of well-being.

Music can produce similar effects, but when it is indulged in to excess without intellectual discipline, it can fatigue the nervous system and even cause fainting and convulsions. Undisciplined indulgence in emotional outbursts is accompanied by harmful physical effects. Many musical performers could use their art to better advantage if they were aware of these truths. Such "temperamental" manifestations are a perversion of the very art they are attempting to glorify.

Music which evokes the normal beneficial emotions makes for health and happiness, according to Dr. Agnes Savill. Great music and literature are not the type that produce fear, anxiety, depression or selfish excitement. In its appeal to the emotions, music can modify moods, most essential in therapy.

The chief psychologic attribute of music is the ability to command attention and increase its span. Severe mental derangement makes concentration difficult. In many cases, music is the only agent which will attract attention. Patients suffering from mental or physical ailments are generally so engrossed with their own troubles and discomforts that anything which will detract their attention from themselves will give relief. By substituting wholesome feelings for morbid ones, music exercises a power of diversion.

Music's capacity to stimulate intellectual activity has great therapeutic value, as has its power to stimulate pictures or imagery. The various elements or counterparts of music, such as rhythm, tone and expression, each exercise a profound influence. Rhythm is fundamental to life in all its forms. All nature has rhythm. The sun, the moon, the tide, the stars and the seasons all move in regularity, just as do the heart beats and respiration of man and of animals. Each individual has a certain rhythm of labor, some fast, some slow, and the efficient worker, on discovering his speed, can accomplish much more if he does not either hurry or tarry. Work songs have a definite place in industry; any physical labor is lightened if done rhythmically.

Nature demands regularity or rhythm in order to maintain health and well-being. The more man works and plays harmoniously with the natural rhythm of his body the more he can accomplish. Rhythm appeals to the esthetic sense; it influences the character for good; it is present in all art forms.

Is it any wonder then that we respond to the rhythm of music? It is elemental and brings a feeling of security and repose, when it is regular and not too loud. The patter of rain or the low hum of bees can lull one to sleep. Lack of rhythm can cause mental unrest and great discomfort to a sensitive nature; it may even have a harmful effect on the nervous system. The tick of a metronome can be used for medical purposes to induce hypnotism or to implant suggestions in the subconscious mind. Knowing these fundamental principles of rhythm, we can understand the primitive use of drumbeats and incantations to cure disease. And primitive man, being much closer to nature, was much more susceptible to elemental influences than we are today.

Besides the physiologic and psychologic explanations of the effects of music, certain other physical aspects cannot be ignored. Sound is produced by regular vibration, which, like rhythm, is common to all nature. Pitch in music is based on strict laws of mathematics which were discovered by Pythagoras, the ancient Greek, who first tuned the scale according to the ratio of intervals. He believed that all good things were the expression of numerical harmony; that, therefore, the healing properties of music were due to regular vibrations; that malady was due to discord or irregularity; and that music, by substituting regular vibrations, restored health.

"Music has a definite place in the management of the traumatic neurosis of war. The music prescription must be written by a psychiatrist who has a clear understanding and knowledge of the mental and emotional mechanisms. Then the musician must 'fill' these prescriptions after the manner of a pharmacist. 'Canned' music cannot completely replace the living musician, because the constant variations in the reactions of the patients, in their feeling and mood, demand special attention and special care," an authority states. "The personality of the musician means a great deal. It adds reality and intimacy which only human beings can bring into a situation and which 'canned' music fails to offer."

The social effects of music have been developed by Dr. Van de Wall in his well known book, "Music in Institutions." The powers of music to create friendliness and good fellowship are indisputable. Music is a means of communion, a common meeting ground for those of widely

divergent backgrounds and interests; it is an agreeable mode of social contact. In institutions where small family groups do not exist and there is a decided lack of the affection and security that family life brings, the necessity for music is imperative.

The happiness, health and mental hygiene of any person is greatly dependent on his ability to get along with others. Any method or means that makes for better understanding and tolerance is of great value. Music, in dissolving discord and in appealing to the better emotions, has a great socializing influence.

Army officers, quick to recognize and utilize any agency for the rehabilitation of war casualties, are instituting music programs just as fast as facilities will permit. The American Red Cross is supplying leaders, instruments and entertainers of all kinds to convalescents through cooperation with various agencies such as the National Federation of Music Clubs, which is also developing a fourfold program to supply musicians to hospitals on request of the doctors.

Musicians and actors, known for their generosity in contributing their talent for any good cause, have been just as ready to respond to the call of Uncle Sam's boys. The San Francisco Bay Area, for example, has a well organized Armed Forces Entertainment Committee, representing the Coast Guard, Navy, Army and Marine Corps, to utilize amateur and professional talent in the many camps and hospitals nearby. In any area where large numbers are to be served and many requests met, some system is necessary to avoid confusion and duplication. The monthly reports of activities of this Armed Forces Entertainment Committee should offer great help to other communities with similar problems.

The entertainment phase of music for convalescents and ambulatory patients has a definite value which cannot be overestimated; however, these recreation and entertainment types should not be confused with musical therapy, which is a distinct scientific approach to be handled with great care and only under the guidance of a physician. Dr. Van de Wall in a recent speech to the Music Teachers National Association warned, "We musicians have to take care that, in our desire to be of service to the sick and the hospitals, we do not exaggerate in our own minds and toward others the specific therapeutic significance which our musical efforts might have in the medical treatment of these patients. The therapeutic use of music is a medical problem. Definite progress will not be made before medical research will define the function of music as therapy.

"Therapy is a medically standardized and recognized technic of using certain mediums for medical purposes. Only extensive medical research can yield the knowledge which is essential to define and describe authoritatively the functions and the limitations of the use of music in the treatment of illnesses and the care of the sick. Not before that knowledge is available, and qualified persons have received the technical training needed to give that knowledge practical application under proper medical control, will it be legitimate to use the terms 'musical therapy' and 'musical therapist.'

"In the meanwhile there is no reason why musicians should not continue to give such musical service to the hospitals as medical administrators and physicians wish them to render, provided that the work is done under proper medical supervision. Many hospital superintendents want even more music than they can make available today. There are plenty of administrators who would put sums for music in their budgets if there had been developed a genuine musical therapy and adequately trained people to apply it."

The National Music Council, composed of forty musical associations of national scope and activity, is just finishing a report on the use of music in hospitals. The questionnaire for this survey, the first of its kind to be made, was sent to every important hospital in the country treating mental and nervous patients. An astonishingly large number of replies have been received from the medical directors of these hospitals. Almost unanimously they report the use of music in one form or another. Many of the physicians in charge of this group of hospitals consider that music has a definite therapeutic as well as recreational effect on the patients. The need for an increased number of competent musical workers in hospitals is much in evidence. This need has been emphasized by the large number of service men who are being released from active duty in the armed forces on account of mental ailments.

With the attention of the nation now being focused on the rehabilitation of our war casualties, is it not reasonable to expect musicians, psychiatrists and educators to develop new technics and scientific evaluations for these mysterious powers of an art known and practiced by man even before the dawn of civilization?

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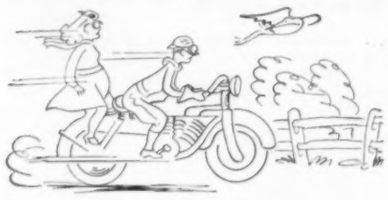
HEALTH IN THE HEADLINES

ANOTHER step in the emancipation of pregnant women was taken a few weeks ago when *The Journal* of the American Medical Association reported that traveling does not add greatly to the chances of having a miscarriage. This belief has been firmly rooted in the minds of most women and, it should be added, many doctors, but it didn't stand up in studies comparing results with 289 traveling and 467 nontraveling women cared for at one clinic. The clinic was ideally located for such a study; it was on an island 127 miles from the mainland and connected only by a rough, bumpy, asphalt highway over which all the women who wanted to go anywhere had to travel by bus or car. If they could stand that trip, the report clearly implies, they could stand anything.

Such factors as the length of pregnancy, time of the month and individual history, including the number of previous pregnancies, were all carefully analyzed in connection with the final result (5.6 per cent of untimely births among the travelers; 17.9 per cent among the stay-at-homes!). The principal argument against traveling during pregnancy, *The Journal* concludes, is that it entails the possibility that an expectant mother may need medical care quickly, wherever she happens to be, and not be able to get it soon enough. "Transportation alone did



not predispose to abortion except in one case in the series," *The Journal* adds. The one case, it turns out, involved a woman who was riding a motorcycle a few hours before her miscarriage.

PEOPLE who smoke and eat at the same time can stop worrying about dropping ashes on their food. The ash may contain traces of lead, arsenic or carbon, a recent medical article says, but not in enough quantity to do any harm. The partially burned tobacco behind the ash, however, is another story. When this material gets into food there's likely to be trouble. Nicotine poisoning, sometimes resulting in death, has been known to follow the contamination of food with this unburned tobacco.

* * *

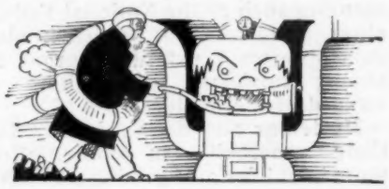
TETANUS is caused by a germ whose spore may live for years in the soil and is found most often in soil fertilized with manure. When it gets into the blood stream, as it commonly does when cuts or scratches are contaminated with dirt, the tetanus spore becomes active and releases a poison, or toxin, which attacks the nervous system and may cause spasm of the muscles or paralysis. Frequently the spasm occurs in muscles controlling motion of the jaw—hence, of course, the familiar name, lockjaw.

Tetanus used to cause more war deaths than gunshot wounds, but in World War I it lost ground as a killer because Army doctors gave every wounded man a shot of tetanus antitoxin. There were loopholes in this plan—sometimes the shot was given too late to help and sometimes it was overlooked—but on the whole it worked. In this war, *all* fighting men get immunizing injections of tetanus toxoid as soon as possible after their induction into service. Result: Tetanus has been eliminated. According to a recent report released by the Surgeon General of the Army, not a single case of tetanus has been reported among vaccinated troops; the few scattered cases which have occurred have developed before the series of three injections could be completed.

* * *

THE fact that childless women who adopt babies sometimes become fertile after the adoption appeals strongly to our feeling for the mysterious. But, doctors say, there's probably nothing in it. Admitting that it would be hard to prove either way, medical authorities point out that if it were possible to compare the incidence of pregnancy among previously sterile women who adopt babies with the incidence of pregnancy among previously sterile women who don't, the results would undoubtedly be about the same. "If a woman who has been sterile for some years adopts an infant and subsequently becomes pregnant, it strikes every one as a startling event and is long remembered," *The Journal* of the American Medical Association says in answer to an inquiry on the subject. "On the other hand, if the same woman had not adopted an infant and had become pregnant, the occurrence would be much less dramatic and few people would pay much attention to it."

* * *



WEAR an overcoat and earmuffs around the house if you have to when the weather gets cold, but for goodness' sake don't try to heat your home with the gas stove or anything else except the regular heating plant—and make sure the plant's in good working order. That's the inescapable lesson in a report from the Metropolitan Life Insurance Company analyzing deaths from accidental gas poisoning during the last year. Improvised heating arrangements attributable to fuel shortages were responsible in large part for the 30 per cent increase in such deaths last year over the previous year, the report said. Important among the other causes of gas accident deaths were gases escaping from coal furnaces through faulty flues and carbon monoxide leaking from automobile engines through defective exhaust lines.

* * *

THE safest person in the United States is a little girl 9½ years old who lives in Connecticut. This improbable-sounding fact emerges from accident statistics compiled by the National Safety Council. The figures prove that Connecticut is the safest state in the union, that the age group from 5 to 14 has the lowest accident rate, and that little girls get hurt less often than little boys—a truth which will find immediate acceptance with everybody except the parents of little girls.

—R. M. CUNNINGHAM JR.

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Facts and Figures...

RELATING TO THE NEED FOR BETTER BREAKFASTS

AMONG the findings of the recent nation-wide Roper Breakfast Study, the following percentages merit special consideration. About 65% of the doctors interviewed expressed the opinion that the average American breakfast is not large enough. About the same number of doctors said that the average American breakfast is not well-balanced. The considered opinions of both doctors and nutritionists on how much of the daily food intake should be consumed at breakfast ranged from ¼ to ⅓—averaged about 28%. While the public's estimate of how much of their daily nourishment they actually got at breakfast averaged around 20%.

In making their recommendations for an ideal breakfast, more than 80% of the doctors and nutritionists included cereal foods. And, indeed, it is difficult to plan an acceptable breakfast which provides ¼ to ⅓ of the day's nourishment in balanced form, without including enriched, whole grain or restored cereal foods. Cereal grains (in which Nature has stored the various nutrients needed by the sprouting plant) are generous sources, not only of calories, but of cereal proteins, B-vitamins and iron.

Actually, if all the cereal foods we ate were enriched, whole grain or restored, they would contribute to the average American diet* almost ⅓ of the calories; almost ⅓ of the proteins; more than ⅓ of the thiamine, niacin, riboflavin and iron. And, of course, cereal foods are excellent "*carriers*" of *other* basic foods, such as milk, cream, fruit and—in the case of bread—butter.

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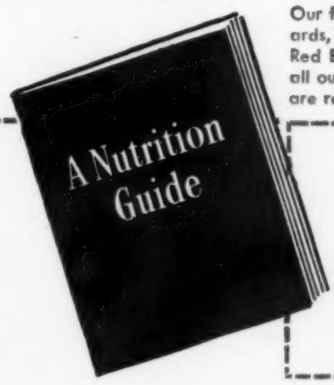

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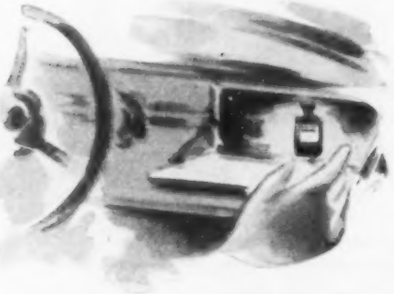

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